

OFFICIAL TRANSCRIPT REQUEST
LMU Extension PROFESSIONAL DEVELOPMENT COURSES
Please use blue or black ink ONLY and PRINT

Social Security Number - _____ - _____ - _____

Name - _____ / _____
Last First M.I. Name if different while at LMU

Current Address _____
Street Address Apt. #

_____ City State Zip
Phone # - (_____) _____

Please Send To –

(1) Attention - _____
Name / Office - _____

District - _____

Street Address - _____

City / State / Zip - _____

(2) Attention - _____
Name / Office - _____

District - _____

Street Address - _____

City / State / Zip - _____

List the most recently completed courses that should appear on the transcript –
Course No / Course Name

I authorize the release of my professional development record –

Signature / Date

Send this request to Loyola Marymount University, Registrar's Office, One LMU Drive, Los Angeles, CA 90045

Please allow 2-3 weeks to process this request

DO NOT SEND ANY COURSEWORK TO THE REGISTRAR