

**SOUTHWEST UNIVERSITY**  
**2200 Veterans Boulevard**  
**Kenner, LA 70062**  
**504.468.2900 / Fax: 504.468.3213**  
**www.southwest.edu**

Transcript Request (Please print)

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle or Maiden)

Address: \_\_\_\_\_  
(Street) (Telephone Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

If not currently enrolled, give date of graduation: \_\_\_\_\_

If you were enrolled under a different name than above, please provide: \_\_\_\_\_

“ISSUED TO STUDENT” will be stamped on all transcripts released to the student.

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transcript fee is \$10.00 each. We accept Visa, MasterCard and money orders.

Number of transcripts needed: \_\_\_\_\_ Enclosed fees: \_\_\_\_\_

Credit Card: VISA / MasterCard Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card ID Number: \_\_\_\_\_

Student's Signature \_\_\_\_\_