

SOUTHWEST UNIVERSITY
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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)

E-mail Address: _____

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 payments are subject to a \$4.00 processing fee.

Credit Card: VISA / MasterCard Card Number: _____

Expiration Date: _____ Card ID Number: _____

Student's Signature _____