

# Graduate Programs in Speech Language Pathology

## Loyola College in Maryland

### Transcript Request

#### To the Applicant

Two transcript request forms are included in this application packet. If you attended more than two college or universities – undergraduate or graduate – make photocopies of this form so that you can send one to each institution you attended.

Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance. **Send this form, a self-addressed return envelope and any required fee to each institution you attended.**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address \_\_\_\_\_  
NUMBER AND STREET

CITY AND COUNTY STATE (COUNTRY IF APPLICABLE) ZIP/POSTAL CODE

Social Security Number    –   –

Name of institution attended \_\_\_\_\_

Dates of enrollment From \_\_\_\_\_ To \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Former and/or other name(s) while attending this institution \_\_\_\_\_

I hereby authorize the release of my transcript to Loyola College in Maryland.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### To the Registrar

The person submitting this form is applying to the Graduate Program at Loyola College in Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and **sign across the flap** to ensure confidentiality. Return the sealed envelope to the applicant or mail directly to Office of Graduate Admission at Loyola College in Maryland, 4501 North Charles Street, Baltimore, MD 21210-2699. Thank you for your assistance.