



Petra College

1814 North Morrison Blvd., Suite A/B • Hammond, LA 70403

Phone: 985-318-7880 • Fax: 985-318-7378

Transcript Request Form

This request may be mailed to the above address or can be faxed to 985-318-7378.

Note: Students with holds on their account will not receive official transcripts until holds are cleared.

Date: ____/____/____

Name: _____

Maiden/Former Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-Mail Address: _____

WHAT are you requesting? (Check all that apply)

of Official: _____ # of Unofficial: _____

Medical Assistant _____ Nursing Assistant _____ Phlebotomy _____

HOW would you like it delivered?

Pick up now: _____ Fax to: _____

Email: _____

Can be released to: (With proper ID) _____

Mail to:

Name: _____

Name: _____

Attn: (If Applicable) _____

Attn: (If Applicable) _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Official Transcripts: Please allow two (2) business days for processing.

Additional processing time may be **required:**
during holidays, final grade processing at the end of program, and/or unforeseen system problems

Student Signature: _____ Date: _____

Office Use Only

Processed by: _____ Date: _____