



# Dillard University Transcript Request Form

2601 Gentilly Boulevard, New Orleans, LA 70122, Rosenwald 116  
Office Hours M-F 8:00am to 5:00pm ~ Telephone: 504-816-4705

**INSTRUCTIONS**

**Please Note the following: This form cannot be electronically submitted. 1. This form is void until signed. 2. All financial obligations must be reconciled before transcripts will be released. 3. Please indicate the CORRECT address (es), name(s) of person(s), or apartment number where the transcript is to be delivered. Dillard University Office of Records and Registration takes no responsibility for incorrect mailing information.**

- Step 1 - Complete the form
- Step 2 - Write/type the required information in the spaces below
- Step 3 - Sign the form
- Step 4 - Take form to Business and Finance for payment
- Step 5 - Return form and receipt to Records and Registration for processing

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Today's Date** mm/dd/yyyy    **Name while attending Dillard**    Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
**Student ID Number**    **Name if different from above**    Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
**Street (Local Address)**

\_\_\_\_\_  
**City**                      **State**                      **Zip Code**                      **Telephone No.**                      **Date of Birth** mm/dd/yyyy

I am Currently Enrolled OR Last Attended **Dillard:**     Spring Semester \_\_\_\_\_     Fall Semester \_\_\_\_\_     Summer Semester \_\_\_\_\_

I hereby authorize Dillard University to release the transcript of my academic record.

\_\_\_\_\_  
Signature of Student (required)

Student Email Address: \_\_\_\_\_

- Hold for Pick-Up     Mail transcript(s) immediately     Mail transcript(s) after final grades are posted
- Mail after posting of degree     Hold for Posting of Degree     Send via eScrip-Safe

**PLEASE ALLOW 3-5 (Three to Five) BUSINESS DAYS FOR PROCESSING**

Please mail transcript(s) to the following address(es): ***Please print clearly***

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Send \_\_\_\_\_ Copies                      Send \_\_\_\_\_ Copies

3) **Send electronically via eSCRIP-SAFE:\*\*** (Allow 3-5 business days for processing)

Organization within SCRIP-SAFE network (inquire at your school)  
 Name: \_\_\_\_\_

Outside of SCRIP-SAFE network  
 Recipient's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Total Number of Transcripts Ordered:** \_\_\_\_\_

**PAYMENT INFORMATION**

**Please note: You must take this form to the Business Office to pay for transcript(s). This request will not be processed without proper payment.**

Dillard University Transcripts cost **\$10.00 per copy**

Business Office Use Only: Receipt # \_\_\_\_\_ Processed by: \_\_\_\_\_

For Office Use Only: Date Sent: \_\_\_\_\_ Hold(s): \_\_\_\_\_ Student Notified: \_\_\_\_\_