

LIBERTY UNIVERSITY

Admissions

High School & College Transcript Request Form

Please fax signed form to 888-301-3577 or email to luoverify@liberty.edu

Student Information

Full Name: _____ Liberty University I.D.: _____

Date of Birth: _____ Social Security Number: _____ Campus: _____

High School and College Information

Liberty University, Inc. will submit requests for official transcripts on your behalf to the institutions identified herein. If Liberty University, Inc. is unable to obtain an official transcript from an institution, you will be responsible for obtaining the official transcript and submitting it to Liberty University, Inc. in order to complete the application for admission.

High School/GED Request (Only fill in if applying to an undergraduate degree program at LUO)

Last name under which you attended: _____ Name of High School: _____

Location: City: _____ State: _____ Phone Number: _____

Graduation Month and Year: ____/____/____ Degree: _____

College Transcript Request 1

Last name under which you attended: _____ Name of College: _____

Location: City: _____ State: _____ Dates attended: From: ____/____/____ To: ____/____/____

Degree completed?: _____ Degree: _____ Do you have an outstanding balance?: _____

College Transcript Request 2

Last name under which you attended: _____ Name of College: _____

Location: City: _____ State: _____ Dates attended: From: ____/____/____ To: ____/____/____

Degree completed?: _____ Degree: _____ Do you have an outstanding balance?: _____

College Transcript Request 3

Last name under which you attended: _____ Name of College: _____

Location: City: _____ State: _____ Dates attended: From: ____/____/____ To: ____/____/____

Degree completed?: _____ Degree: _____ Do you have an outstanding balance?: _____

College Transcript Request 4

Last name under which you attended: _____ Name of College: _____

Location: City: _____ State: _____ Dates attended: From: ____/____/____ To: ____/____/____

Degree completed?: _____ Degree: _____ Do you have an outstanding balance?: _____

The information requested is protected by the Family Educational Rights and Privacy Act of 1973 (FERPA). I authorize Liberty University, Inc., on my behalf, to submit requests for transcripts, diploma, or degree documents to any of the identified institutions and to execute (electronically or otherwise) any transcript request forms on my behalf necessary for the release of such education records. I authorize the identified institutions to release to Liberty University, Inc. the transcripts, diploma, or degree documents requested on my behalf by Liberty University, Inc. for purposes of my application for admission. Liberty University, Inc. may execute on my behalf any transcript request forms or other required documents necessary to complete this request.

Student Signature*: _____

Date: _____

For use by responding educational institution/agency only

The information in this document is protected by the rules and regulations of the Family Educational Rights and Privacy Act (FERPA). Please allow only authorized personnel of your institution to view and process this request.

If you, as the institution/agency, cannot provide the requested transcript, please send notification to our address listed below and indicate the following:

Name of institution _____

_____ Student does not appear to have attended our institution

_____ Student record is not available for release

Mail to: Liberty University

Attn: Admissions Verification

1971 University Blvd MSC Box 710686

Lynchburg, VA 24515