

# Xavier University of Louisiana

## Admissions Application Certification & Signature Page

**NO APPLICATION FEE REQUIRED**

Office

**Xavier University of Louisiana  
Office of Admissions  
1 Drexel Drive  
New Orleans, LA 70125**

**APPLICANT TYPE** (*Check One*)

**New First Time Freshman**

**New Transfer Student**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I certify that the information given in this application for admission is correct. I understand that providing false information may invalidate my application or result in suspension and/or expulsion.

**Louisiana Residents:** In submitting my application for admission, I do hereby authorize Xavier University of Louisiana to access and receive my academic records electronically from the applicable State of Louisiana department and/or agency. I also authorize Xavier University of Louisiana to release or receive admissions-related information on an as-needed basis to or from secondary school officials, Xavier University of Louisiana officials and/or immediate family members, herein defined as parents or guardians.

Please sign and date this page.

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