

## Office of the Registrar Official Transcript Request Form Fax: 318-670-6344

Name:	Last 4-gitis	of SSN:	DOB:
Maiden Name:	Address:		
City: State:	Zip:	Phone:	
Email Address:		(requested	for notification purposes)
Dates of Attendance at SUSLA: First Semeste	er(semester/	Last Semest	eer(semester/year)
REASON FOR TRANSCRIPT REQUEST:		□ Employment	
CHECK BELOW:  ☐ Student Pick-Up  ☐ Mail (via US Postal)	$!$ Service) $\Box$	e-SCRIP (via electro	onic transcript service)
☐ Hold for Final Grades ☐ Hold	d for Degree	□ Hol	d for Grade Change
☐ I am a SUSLA graduate:	Year _		Degree
NUMBER REQUESTED:	PAYMENT AMOUNT: \$		
PLEASE ISSUE AN OFFICIAL COPY OF MY T Name (Organization):			
Attention:	Department:		
Address			
Street Address	Cit	y State	e Zip
In order to comply with the Privacy Act of 1974, trastudents only when requested in writing. All finance	•	• • •	o all students and former
Please allow 3-5 days to process this request. I beginning or ending of a semester/term, the procedure Credit Card, or Money Order ONLY). NO CHEC 318-670-9305.	ess may be del	ayed. There is a \$3.0	00 processing fee (Cash,
Student's Signature		Date	
To ensure that no person can obtain your info someone (designee) to receive this information for designee is able to provide picture identification up	or vou, please	identify the person b	by name and ensure the

Note: This request will be retained in the Registrar's office for one semester/term. It is the student's responsibility to follow up on the status of his/her request. After this designated period the request will be destroyed and the student will be required to resubmit a request and the required fee.