



GRADE TRANSCRIPT REQUEST FORM

Please type or print clearly the information requested below.

*** REQUIRED INFORMATION – Request cannot be processed if required information is not provided.**

PERSONAL INFORMATION	* Name: _____ <i>Last Name, First Name, Middle Name</i>
	* Date of Birth (MM/DD/YYYY): _____ Former/Maiden Name: _____
	* SSN/Student ID: _____ * Dates of Attendance: _____ to _____ <i>MM/YYYY MM/YYYY</i>
	* Personal E-mail: _____ * Daytime Phone Number: _____
	* Current Mailing Address: _____ _____ _____

TRANSCRIPT REQUEST	* When should transcript be sent: <input type="checkbox"/> <i>Immediately</i> <input type="checkbox"/> <i>End of semester grades</i> <input type="checkbox"/> <i>Following graduation</i>
	* Delivery Method (Please select at least one):
	<input type="checkbox"/> Electronic delivery to network institution (Click here to view list of network institutions) <i>Institution Name:</i> _____
	<input type="checkbox"/> Electronic delivery to non-network institution/employer (Delivery not available to student's personal e-mail address or @louisiana.edu address) <i>Non-Network Institution/Employer Name:</i> _____ <i>Non-Network Institution/Employer E-mail Address:</i> _____
	<input type="checkbox"/> Mail (<i>Include full mailing address below for each request</i>)

1 st Request		<i>Number of Copies:</i> _____
2 nd Request		<i>Number of Copies:</i> _____

NOTE: To process this request, you will need to mail, fax, or e-mail the signed/completed transcript request form along with a **COPY OF YOUR VALID DRIVER'S LICENSE** or other current picture I.D. Electronic transcripts cannot be sent to personal e-mail or @louisiana.edu e-mail addresses, and transcripts for coursework prior to Spring 1990 can only be sent by postal mail.
WE DO NOT FAX TRANSCRIPTS.

AUTHORIZATION	I understand that by signing this form I acknowledge that the information provided is accurate and complete to the best of my knowledge. I also understand that this request will not be processed if this form is incomplete or if I have a financial hold with the university.	
	* _____ <i>Student's Signature</i> * _____ <i>Date</i>	Return to: UL Lafayette Registrar's Office P.O. Box 41208 Lafayette, LA 70504-1208 (337) 482-6286 (FAX) registrar@louisiana.edu