



Transcript Request Form

To: Records Office High School or College / University

Date:

Instructions: Please review the form for errors, sign, and send it via E-mail to onlinedocuments@susla.edu

Name of Institution:

Address:

City: State: Zip Code:

Please send one copy of my official transcript (*if high school, please also include ACT scores and immunization records*) from your institution to:

Southern University System Online Enrollment Center
Attention: Yvonne Roberson
PO Box 9434
Baton Rouge, LA 70813

Electronic Transmission through eSCRIP-SAFE Network:
Southern University and A&M College, Online Degree Program Admissions
Southern University-Baton Rouge College Transfer/Re-Admissions/Re-Enrollment
Recipient's e-mail: Yvonne_roberson@sus.edu

I attended your Institution From: To:

Under the name:

My Social Security: My Student ID:

My Date of Birth:

My current mailing address is

Address:

City: State: Zip Code:

Email:

Authorization: The below signature gives consent and authorizes the release of my record to Southern University Shreveport Louisiana and confirms that I have completed all sections accurately and truthfully. I further acknowledge that an incomplete form will not be processed:

Signature: Date: