LOUISIANA STATE UNIVERSITY AT ALEXANDRIA
8100 Hwy 71 South
Alexandria, LA 71302-9121
Records Office: (318) 473-6417 Fax Number: (318) 473-6418

Transcript Request

_____ _____
Student Name (please print) Social Security Number

_____ _____
Phone Number Date of Birth

_____
Mailing Address City State Zip Code

Are you currently enrolled at LSUA? Yes ___ ___ No ___ ___

If not currently enrolled, list semester and year you last attended: _____

Other names you may have attended under: _____

Email Address: _____

Requesting (check one): **Official Copy** ___ ___ **Unofficial Copy** ___ ___

Number of Copies Requested: _____

Other instructions: ____ ***Electronically Submitted thru Escript-Safe (if school participates)**
_____ Mail now _____To be picked up
_____ Hold for final grades in semester/year

Note: Please fax or mail this form to the Records Office at the address or fax number listed above. To protect the confidentiality of academic records, ***LSUA does not fax transcripts.*** *Transcripts may be mailed or picked up with the written permission of the student.* ***Official Transcript Request must be audited before release; this process can take up to 7 days before being released.***

****Electronic Submission of official transcript will be received faster than mailing once processed. If school/business does not participate with Escript, we can email it directly to them, through Escript-Safe's email account.***

This form authorizes the release of my academic records at LSUA to the person or institution addressed below. I understand that my transcript will not be released until all my financial and other obligations to the university are satisfied. I also understand that I must pay $3.00 for each official transcript requested.

_____ _____
Student's Signature Date

Release To: >>>>>>>>>>>>>>>>>>>>>	
(This will be used in a window envelope to mail	
your transcript. Please insert the name and	
address where your transcript should be sent.)	

OFFICIAL USE **Revised 03/10**