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**