



Office of the Registrar
8100 Hwy 71 South
Alexandria, LA 71302-9121
(318) 473-6424 Fax Number: (318) 473-6418

Transcript Request

Student Name (please print) SS# (current students please list PCID only)

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:

Any Former Last Names (If applicable):

Email Address:

Number of Copies Requested:

OTHER INSTRUCTIONS (Check one):

*Electronically Submitted thru Escrip-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 Office of Registrar at the address or fax number listed above. To protect the confidentiality of academic records, LSUA does not fax official transcripts. Transcripts may be mailed or picked up with the written permission of the student.

*Electronic Submission of official transcript will be received faster than mailing once processed. If school or business does not participate with Credentials eScrip-Safe, we can email it directly to them, through eScrip-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 a \$7.00 fee for each official transcript to be released.

Student's Signature

Date

Table with 2 columns and 4 rows: Release Transcript To, Name/Business, Mailing Address, City, State, Zip