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**

Release Transcript To: >>>>>>>>>>>>>>>>>>>>>	
Name/Business	
Mailing Address	
City, State, Zip	

OFFICIAL USE **Revised 05/19/2017**