LOUISIANA STATE UNIVERSITY AT ALEXANDRIA

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

Transcript Request

Student Name (please print)	Social Security Number			
Phone Number		Date of Bi	rth	
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	Сору	
Number of Copies Requested:		96		
Other instructions: *Electronically Submitted thru Escript-Safe (if school participates) Mail now 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 a \$3.00 fee for each official transcript to be released.				
Student's Signature			Date	-
Release To: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				U.
(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