



GRADE TRANSCRIPT REQUEST FORM

INSTRUCTIONS: Please scan or email completed and signed transcript request form to transcript@louisiana.edu; fax form to **337-482-6286**; or mail form to **UL Lafayette Registrar's Office, P.O. Box 41208, Lafayette, LA 70504-1208**. Please allow 2-3 business days for processing. **WE DO NOT FAX TRANSCRIPTS.**

NOTE: Transcripts for coursework prior to Spring 1990 can only be sent by postal mail.

*** REQUIRED INFORMATION – Request cannot be processed if required information is not provided. Please type or print clearly the information requested below.**

PERSONAL INFORMATION	<p>* Name: _____ <i>Last Name, First Name, Middle Name</i></p> <p>* Date of Birth (MM/DD/YYYY): _____ Former/Maiden Name: _____</p> <p>* Student ID/SSN: _____ * Dates of Attendance: _____ to _____ <i>MM/YYYY MM/YYYY</i></p> <p>* Personal E-mail: _____ * Daytime Phone Number: _____</p> <p>* Current Mailing Address: _____ _____ _____</p> <p>* Reason for Request: _____</p>
TRANSCRIPT REQUEST	<p>* When should transcript be sent: <input type="checkbox"/> Now (2-3 day processing) <input type="checkbox"/> Hold for Final Grades <input type="checkbox"/> Hold for Posting of Degree</p> <p>* Delivery Method (Please select at least one):</p> <p><input type="checkbox"/> In-office Pickup Request (Please circle the number of copies being requested) 1 2</p> <p><input type="checkbox"/> Electronic delivery to network institution (Click here to view list of network institutions) <i>Institution Name:</i> _____</p> <p><input type="checkbox"/> Electronic delivery to non-network institution <i>Name/Company:</i> _____ <i>E-mail Address:</i> _____</p> <p><input type="checkbox"/> Mail (Include full mailing address below) _____ _____ _____ <i>Number of Copies:</i> _____</p>
AUTHORIZATION	<p>I understand that by signing this form I acknowledge that the information provided is accurate and complete to the best of my knowledge. I also understand that this request will not be processed if this form is incomplete or if I have a financial hold with the university.</p> <p>* _____ <i>Student's Signature</i></p> <p>* _____ <i>Date</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Return to: UL Lafayette Registrar's Office P.O. Box 41208 Lafayette, LA 70504-1208 (337) 482-6286 (FAX) transcript@louisiana.edu</p> </div>