

Enrollment Services / Admissions

Enrollment Management

REQUEST FOR TRANSCRIPT OF CREDITS

TO: Registrar

(Institution)

(Mailing Address)

(City, State, Zip Code)

Please send one (1) copy of my **official** transcript of academic record at your institution to:

University of Louisiana at Lafayette
Office of Admissions
P.O. box 41210
Lafayette, LA 70504

(Signature of Student)

PLEASE PRINT:

Name _____
Social Security/Student number _____
Date of Birth _____
Present Address _____
City, State, Zip Code _____
Dates of Attendance _____

TO STUDENT REQUESTING TRANSCRIPTS:

Most institutions require the payment of a fee prior to issuing the transcript. We would encourage you to contact the institution(s) for the fee schedule before sending this form. You should enclose the required fee and the correct name as listed on your record at their institution.

THIS FORM SHOULD BE SENT DIRECTLY TO THE INSTITUTION(S) PREVIOUSLY ATTENDED