

**Southeastern Louisiana University
Office of Records and Registration**

Transcript Request Form

(Request is valid for 30 days)

Transcript is to be:

- ☐ Picked up by me
- ☐ Send electronically (please indicate email address)
- ☐ Faxed (**Unofficial Only**) (please indicate fax number)
- ☐ Picked up by a designated person (**see name below)
- ☐ Send via US Mail (please indicate mailing address below)

Number of Copies Requested (Maximum of three per request)

Email Address

Fax Number (Unofficial Transcript Only)

Name and Address of where Transcript is to be mailed:

Person, University / College, or Business Name:

Address:

City

State

Zip Code:

Student's Information:

Student's Last Name:

Student's First Name

Middle
Initial.

Last Name Used as a Student (if different):

Birthday:

Social Security Number:

Student ID Number ("W" Number):

Student's Mailing Address:

City:

State:

Zip Code:

Student's Phone Number (Day)

Student's Phone Number (Evening)

Approximate Dates of Attendance at Southeastern:

Send transcript now?

☐ YES

☐ NO

Do you plan to graduate this semester?

☐ YES

☐ NO

OR

Hold transcript for:

☐ End of current semester's grades to be posted

☐ Posting of degree

Student's Signature: (Required for release of information)

DATE

****Name of designated person to pick up transcript: (Identification is required):**

NOTES: All transcripts mailed to students or picked up by students will be marked "Issued by Student."

Transcripts ordered for pick up MUST be picked up within 30 days. Transcripts not picked up within this time frame will be shredded and a new request required.

Complete and sign this request form and mail to:

Southeastern's Office of Records and Registration
SLU 10752
Hammond, LA 70402

OR

Fax to:

Southeastern's Office of Records and Registration
(985) 549-5632