

# UNIVERSITY OF LOUISIANA at MONROE

## Transcript Request Form - Fillable Format

Fax completed, signed form to (318) 342-5274 or mail to ULM Registrar's Office, Transcript Section, 700 University Ave., Monroe, LA 71209. Allow up to five working days for processing. **NOTE: Electronic delivery may not be available to students who attended here prior to Spring 1987.\***

Student Information

L Name	<input type="text"/>	F Name	<input type="text"/>	M Name	<input type="text"/>
Maiden Name	<input type="text"/>	Other Last Name(s) Used	<input type="text"/>		
CWID	<input type="text"/>	Social Security Number	<input type="text"/>	Date of Birth	<input type="text"/>
Number/Street Name or PO Box	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Daytime Telephone	<input type="text"/>	E-Mail Address**	<input type="text"/>		
I am currently enrolled at ULM.	<input type="checkbox"/> yes	<input type="checkbox"/> no	If no, my last date of attendance was	<input type="text"/>	

\*\*E-mail address is required if you choose electronic delivery of your transcript and wish to be notified of the status of the transmission.

Transcript Delivery Information

Deliver transcript now?  yes  no If no,  hold for posting of current grades.  hold for posting of degree.

Click [here](#) to see detailed information about electronic delivery before choosing your delivery method from the following:

**A: Electronic transmission to an eSCRIP-SAFE® NETWORK RECIPIENT\*** ([click here to view network's receiving members](#))

Network recipient's name, exactly as it appears on list

NOTE: If sending transcript to an office other than the one associated with network recipient's name as it appears on the list of network members, select method **B** below.

**B: Electronic transmission to a NON-NETWORK RECIPIENT (including yourself) via eSCRIP-SAFE's® OneTime® option \***

Non-network recipient's name

Recipient's email (required)

**C: U.S. mail delivery of my transcript (1-3 copies, no cost; 4 or more copies, \$5 each; call LaCAPFCU at 318.342.5130 to pay)**

1. Recipient's name  Number of copies

Number/Street Name or PO Box

City  State  ZIP

2. Recipient's name  Number of copies

Number/Street Name or PO Box

City  State  ZIP



Signature (required) \_\_\_\_\_

Date (required) \_\_\_\_\_

# UNIVERSITY OF LOUISIANA MONROE

## ELECTRONIC TRANSCRIPT DELIVERY OPTIONS

The ULM Registrar's Office is pleased to announce the addition of electronic transcript delivery to its array of services. In partnership with SCRIP-SAFE® International, we are now able to provide official copies of student transcripts to eSCRIP-SAFE® network recipients and to non-network recipients through eSCRIP-SAFE's® OneTime® feature. Please read the following to choose the electronic delivery option which best suits your needs:

### ❖ **NETWORK DELIVERY** - *Before completing your transcript request form . . .*

- review the compilation of [eSCRIP-SAFE® network members](#) to determine whether your intended recipient appears in the "Receiving Accounts" list.
- If the recipient is a network member with a receiving account . . .
  - ◆ check the box by option **A** in the "Transcript Delivery" section of your transcript request form; and
  - ◆ type or print the network recipient's name (exactly as it appears on the list of network members) on your request form in the space provided.
- Be sure to put your email address in the "Student Information" section of [your transcript request form](#). This allows eSCRIP-SAFE® to inform you of the status of the transmission of your transcript.

**Note:** If you wish to send an electronic transcript to any office other than the office associated with a network recipient's name *as it appears on the list of members*, use the OneTime® option to ensure correct delivery.

### ❖ **OneTime® DELIVERY** - *Use this option for electronic delivery if . . .*

- your intended recipient is *not* a network member with a receiving account; or
- your intended recipient is any office other than the office associated with a network recipient's name *as it appears on the [list of members](#)*.

#### ***To select OneTime® delivery . . .***

- check the box by option **B** in the "Transcript Delivery" section of [your transcript request form](#);
- type or print the recipient's name and email address in the space provided; and
- include your email address in the "Student Information" section of your request form so that eSCRIP-SAFE® can notify you of the status of the transmission of your transcript.

#### ***If you select OneTime® delivery, you will also want to inform recipients that they . . .***

- will receive important email messages regarding where your transcript resides and how to access it in a secure manner (transcripts are never delivered by email);
- should add the domain name of **@escrip-safe.com** to their safe-sender email list;
- must complete a simple registration for each transcript delivered through eSCRIP-SAFE® (no software installation is required);
- must have a copy of the [free Adobe Reader](#) 7.0 (or higher) installed on their computer; and
- have three options for retaining the transcript: (1) save to the institution or agency's document imaging system, (2) save electronically as a PDF document, or (3) print to paper.

[return to request form](#)