

Louisiana State University At Alexandria
Office of Human Resource Management
Phone: (318) 473-6401 or (318) 473-6403

REQUEST FOR OFFICIAL TRANSCRIPT

_____ **Name of Institution from which you are requesting transcript**

_____ **Mailing Address**

_____ **City, State and Zip Code**

TO: Registrar of above Institution

Please send an official transcript of my record at your institution and course descriptions of all courses take while enrolled at your institution to the following address:

Office of Human Resource Management
LSU at Alexandria
8100 HWY 71 South
Alexandria, LA 71302-9121

Today's Date _____

_____ Requesting student's name - PLEASE PRINT

_____ Signature of requesting student

_____ Current mailing address

_____ City, State, and Zip code

_____ Date of Birth

_____ Social Security Number

_____ Dates of Attendance

_____ If you attended the institution under a name different from
From that above, please indicate that name here.