LOUISIANA TECH UNIVERSITY
REQUEST FOR ACADEMIC TRANSCRIPT

MAIL this completed, SIGNED form to: **Registrar's Office**
Louisiana Tech University
P.O. Box 3155
OR **Ruston, LA 71272**

FAX it to: **Registrar's Office, Louisiana Tech University, (318) 257-4041**

(Please Print)

_____
(Last Name) (First Name) (Middle Name) (Maiden Name)

_____
(Mailing Address) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: __ __ __ - __ __ - __ __ __ __

DATE of BIRTH: _____ e-mail Address: _____

Daytime Phone Number: (__ __ __) __ __ __ - __ __ __ __

Are you presently enrolled at Louisiana Tech? _____ Yes _____ No

If "NO," what is the date of your last attendance? _____

Are you completing degree requirements at Tech this quarter? _____ Yes _____ No

Please send _____ copies (max. 5) of my transcript to the address indicated below.

_____ Mail Now _____ Hold for Final Grades _____ To Be Picked Up

STUDENT'S SIGNATURE: _____

DATE: _____

Revised: 6-4-2004

MAIL TRANSCRIPT TO:

_____
_____
_____
_____

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