

**LOUISIANA TECH UNIVERSITY
REQUEST FOR OFFICIAL ACADEMIC TRANSCRIPT**

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

or

SCAN signed request and e-mail to: registrar@latech.edu

or

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

(Please Print)

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

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

CWID NUMBER OR SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

Daytime Phone Number (with Area Code): _____

Are you presently enrolled at Louisiana Tech? Yes No

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

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

Mail Official Now Hold for final grades Hold for Pick Up
or degree posting

STUDENT'S SIGNATURE: _____

Date: _____ Signed/Sealed Envelope Yes No

Revised: 6-17-2009

MAIL TRANSCRIPT TO:

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Unsigned or incomplete requests will not be processed.

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