

**LOUISIANA TECH UNIVERSITY  
REQUEST FOR UNOFFICIAL 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](mailto: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)

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(Last Name)	(First Name)	(Middle Name)	(Maiden Name)
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(Mailing Address)	(City)	(State)	(Zip)
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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? \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Revised: 6-17-2009

**FAX UNOFFICIAL TRANSCRIPT TO:**

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This service is FREE and we strive for 24 hour turnaround from time of receipt to time the transcript is FAXED.