INSTRUCTIONS:

- 1. Fill out request form for **each** university or college enrolled.
- 2. Mail request to university or college previously attended or presently attending.

REQUEST FOR COLLEGE TRANSCRIPT

	TO: Registrar's Offic	ce		
	Institution			
	Mailing Address			
	City State Zip Code			
Pleas	se send:			
☐ Official Transcript of academic record				
□ Le	etter of Good Standing			
Southern University @ Shreveport Office of Admissions 3050 Martin Luther King Jr. Drive Shreveport, Louisiana 71107				
I atte	ended your institution fro	om	to	_
DI E	ASE PRINT			Signature
1 66	AGETRIN		TO STUDENT REQUESTIN	IG TRANSCRIPT:
Name		Most institutions require the payment of a fee before issuing the transcript. You can save time by including your payment with this request. You should indicate your name, as it was when you		
Student's Social Security Number			attended the institution, for r large number of institutions mailed directly to them from	reference purposes. A accept only transcripts
Date of Birth		The transcript must be issued to our <i>Admissions</i> Office or Registrar's Office. Note: If your previous school is a sending member of eScrip-Safe, your transcript may be sent to us		
Current Mailing Address				
City	State	Zip Code	electronically.	

Southern University @ Shreveport is an **eScrip-Safe** receiver institution. Please send my transcript using **eScrip-Safe** if possible.