## **INSTRUCTIONS:**

- Fill out request form for your college transcript.
  Mail or fax request to your high school counselor or transcript clerk.

## **REQUEST FOR HIGH SCHOOL TRANSCRIPT**

TO: Hig	gh School Counselor's Offi	ce		
High Scho	ol			
High Scho	ol Mailing Address			
High Scho	ol City	State	Zip Code	
showing academic histor	ial transcript of my academic y to date can be faxed or ema e <u>mailed</u> immediately after g	ailed to the school. T		
Southern University @ Shreveport Office of Admissions 3050 Martin Luther King Jr. Drive Shreveport, Louisiana 71107 admissions@susla.edu Fax: 318-670-6483				
				Sincerely,
			S	tudent Signature
PLEASE PRINT		To Student Reque	esting Transcript:	<u>.</u>
Student Name		Most institutions require a fee before issuing a transcript. You can save time by including your payment with this request. You should indicate your name, as it was when you attended the school, for reference purposes.		
SSN	Birthdate			
Student Mailing Address				
City Sta	ate Zip Code			