

**Southeastern Louisiana University
Office of Records and Registration**

TRANSCRIPT REQUEST FORM

Transcript is to be:

- Picked up by me
- Picked up by a designated person (**see name below)
- Send via US Mail (please indicate mailing address below)

Number of Copies Requested:

- One
- Two
- Three (maximum per request)

Name and Address of where Transcript is to be mailed:

Name

Mailing Address

City

State

Zipcode

Student Information:

Student's Name _____
Last Name First Name Middle Initial

Last Name Used as a Student (if different): _____

Social Security Number: _____ Birthdate: _____

Student ID Number ("W" Number): _____

Student's Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Student's Phone Number: _____

Do you plan to graduate this semester? Yes No

Approximate Dates of Attendance at Southeastern: _____

Please hold transcript for: This semester's grades Grade change Graduation

Signature: _____ **Date:** _____

Note: All transcripts mailed to students will be marked "Issued to Student"

**Name of designated person: _____
(Identification is required)

Complete and Sign this Request Form and Mail to:
Southeastern's Office of Records and Registration
SLU 10752
Hammond, LA 70402
Or Fax to:
(985) 549-5632

Transcripts ordered for pick up **MUST** be picked up within 30 days
Transcripts not picked up within this time frame will be shredded and a new request required.