



OFFICIAL TRANSCRIPT REQUEST

Date of Request: \_\_\_\_\_ Campus: \_\_\_\_\_
Dates Attended: From: Semester \_\_\_\_\_ Year \_\_\_\_\_ To: Semester \_\_\_\_\_ Year \_\_\_\_\_
Program(s) in which you were enrolled: \_\_\_\_\_
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Previous Name(s): \_\_\_\_\_
Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number: \_\_\_\_\_
Number of Copies Requested: \_\_\_\_\_
Student Signature: \_\_\_\_\_

Please forward a copy of the requested transcript(s) to the address noted.

Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: L \_\_\_\_\_ Zip: \_\_\_\_\_

Please forward an Official Transcript to the employer/educational institution noted.

COMPANY NAME: \_\_\_\_\_
Attention: \_\_\_\_\_
Employer Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

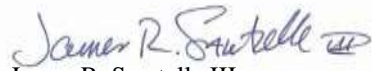
EDUCATIONAL INSTITUTION: \_\_\_\_\_
Attention: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: Louisiana Zip: \_\_\_\_\_

For Office Use
Date Requested: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Administrative Fee: \_\_\_\_\_
Request Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Review Process:*

| <b>X</b> | <b>Reviewing Council/Entity</b> | <b>Review Date</b> | <b>Effective Date</b> |
|----------|---------------------------------|--------------------|-----------------------|
| X        | Student Affairs Officers        | 11/29/06           |                       |
| X        | Academic Affairs Officers       | 11/29/06           |                       |
| X        | Regional Directors              | 06/01/07           |                       |
| X        | Vice President for CTE          | 06/01/07           | 06/01/07              |

*Distribution:* Distributed Electronically via College's Intranet  
Hard Copy Distribution to Regional Directors



James R. Sawtelle III  
Vice President for Career and Technical Education