Northwestern State University

(A member of the University of Louisiana System)

Request for Official Academic Transcript

A MINIMUM OF THREE WORKING DAYS REQUIRED ON ALL TRANSCRIPT REQUESTS							
FAX signed request to: (318) 357-5823							
SCAN signed request and e-mail to: registrar@nsula.edu							
MAIL this COMPLETED & SIGNED form to:							
Northwestern State University							
Registrar's Office							
Natchitoches, LA 71497							
N	ote: Unsigned o	r incon	nplete reques	ts will n	ot be process	ed.	
Student ID/SSN: Date of Birth:							
Last Name	First Name		Middle Name		n Name	Previous Name	
Number and Street or P.O. Box Number (Enter information in the space below)							
City		State	State Zip Co		Telep	hone Number	
E-mail Address							
Did you attend prior to Summer 1985? (Check one) Yes □ No □							
(Transcripts for persons who attended before summer 1985 cannot be sent electronically.)							
Attendance Dates:							
Please check which transcript is being requested							
Undergraduate (Hours pursued toward undergraduate degree) $lacksquare$							
Graduate (Hours pursued toward Master's degree or higher) □							
Please check one of the following:							
☐ Mail official transcript now			☐ Hole	\square Hold until final grades or degrees are posted			
Number of Copies to be mailed (Circle one) 1 2 3							
MAIL TRANSCRIPT TO: Please give a complete mailing address							
ricase give a complete maining address							
· ·	O	•	,		_	of the student to release a n consent of student.	
The signature below is true and a legal signature.							
Signature:				Date:			
	For Office Use	Only	Date Trans	cript Ma	iled:		