**Request to Release Official Transcripts**

**Practical Nursing**

Louisiana State University Shreveport

College of Education & Human Development

One University Place

Shreveport, LA 71115-2399

Phone: (318) 798-4173

Fax: (318) 797-5350

To request your official **PRACTICAL NURSING TRANSCRIPT**, please print and complete this form. After completing all fields, sign and date the form, then mail or fax the completed form to the LSUS College of Education & Human Development Practical Nursing Program. Official requests are processed as quickly as possible and are usually processed within two (2) business days of receipt of the request. The first two transcripts are free and $5.00 (cash or money order) for each one after that. We do not accept checks.

**Student Information (Please print name as it appears on LSUS records):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last, First, Middle

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Social Security Number or Student ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code Daytime Phone Number

Purpose of Official Transcript Request:

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Last semester attended? \_\_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_\_\_\_\_

**Please mail my official PRACTICAL NURSING TRANSCRIPTS TO (please print):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\* Official Transcripts will not be issue until all financial obligations to the University are cleared\*\***

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Student Signature for Release of Transcript(s) Date

(Revised 11/2021)