

Louisiana State University in Shreveport

Admissions & Records Office

One University Place

Shreveport, LA 71115

Phone: (318) 797-5061

Fax: (318) 797-5286

Request for Certification of Information

Name: _____ SID or SSN: _____
Last First M.I.

Expected Graduation Date: _____ (mm/yyyy) Daytime Phone #: _____

Purpose of Request: _____

Specify term(s) for requested information (**include year in blank**): Spring _____ Summer _____ Fall _____

Check here if information requested is for all prior terms of enrollment at LSUS.

Specific Information Requested (check all that apply):

Completion of attached form

Letter (specify requested information below – check all that apply):

Academic Standing (Good Standing, Probation, etc)

Major

Semester GPA

Class Schedule

Cumulative (overall) GPA

Hours Enrolled

Expected Graduation Date

Enrollment Status
(part-time/full-time)

Other (please specify): _____

Method of Delivery (check and complete all that apply):

I will be picking up this information (Please allow 2 working days process request – **Photo ID Required**).

Please Mail Information To:

Please Fax Information To:

ATTN: _____

Company/Dept: _____

Fax No.: _____

I authorize Louisiana State University in Shreveport to release the above information, including SID or SSN.

Student Signature

Date

Please allow 2 working days to process this request

NOTE: Unclaimed documents are destroyed after 30 days