**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 5-7 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 4/2022)