

Request for Official Transcript

To request your official LSUS transcript, please complete, hand sign, and print and either mail, fax or scan to PDF and e-mail to registrar@lsus.edu. Official transcript requests are usually processed within two business days of receipt. Please allow one week for requests made at the end of the semester. Continuing Education/LPN students – DO NOT USE THIS FORM – Please contact Continuing Education for program transcripts.

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

Last Name, First Middle

Student ID (or social security #)

Date of Birth

Daytime Phone Number

Please send my official LSUS transcript (check only one):

Now After current semester (grades posted) After degree is posted

Method

I will pick up my official transcript(s) from the Admissions and Records Office. A picture ID is required.
Note: Unclaimed documents are destroyed after 30 days.

Please e-mail my transcript to:

Name of individual or institution

E-mail Address

Please mail my transcript to:

Name of individual or institution

Address Line 1

Address Line 2

City State Zip

Following information required only if sending to American Medical College Application Service (AMCAS)
AAMC ID: _____
AMCAS Trans ID: _____

Additional comments/instructions (optional):

Student's Handwritten Signature for Release of Transcript

Date