

Louisiana State University Eunice
Office of Admissions

REQUEST FOR TRANSCRIPT

It is necessary that we receive a transcript of record from EACH college you have attended, whether or not you completed the term and regardless of whether or not you received credit.

Complete the “request for transcript” below, accurately giving your name as it is recorded at the college. Forward this form immediately to the Registrar of the college concerned.

TO: **OFFICE OF THE REGISTRAR**

DATE: _____

I am applying for admission to LOUISIANA STATE UNIVERSITY EUNICE. In order to qualify for admission, I shall need an OFFICIAL copy of my complete transcript of record, for which I agree to pay, if there is a charge.

I attended from _____ to _____ under the name of: _____ . DOB: _____.

Please forward my transcript to: **LSU EUNICE
OFFICE OF ADMISSIONS
P. O. BOX 1129
EUNICE, LA 70535**

Student's Signature: _____

SSN: _____

Address/Phone: _____

