

Office of the Registrar
PO Box 33932
1501 Kings Hwy.
Shreveport, LA 71130-3932
Phone: 318.675.5205
Fax: 318.675.4758
Email: registrar@lsuhs.edu



Office of the Registrar
Unofficial Transcript Request Form

Official LSUHSC-S transcripts can be ordered online through the National Student Clearinghouse website at www.getmytranscript.org. If you need a transcript emailed to you, please order an official transcript through NSC. We will not email unofficial transcripts unless you have an LSUHS email address as a currently enrolled student.

Unofficial transcript, no charge

1. Name _____ PeopleSoft Student ID# _____
Last, First, Maiden or Middle

2. Social security # (if do not know Student ID #) _____ Date of Birth ____/____/____

3. Other Name that may appear on Academic records

Last, First, Maiden or Middle

4. Mailing Address (Street & Apt #) _____

City _____ State _____ Zip Code _____

5. Contact Information: Phone () _____ Email: _____

6. School Attended Allied Health Professions Graduate Studies (Ph.D., MS) Medicine

7. Dates of Attendance from ____/____/____ to ____/____/____ Graduation Date ____/____/____

8. Hold until Final Grades and/or Degree has been posted Yes No

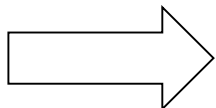
9. Mail Transcript to: Recipient _____

Street _____

Street _____

City _____ State _____ Zip Code _____

Your signature is required to release your transcript.



Signature

____/____/____
Date