

Office of the Registrar
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Shreveport, LA 71130-3932
Phone: 318.675.5205
Fax: 318.675.4758
Email: registrar@lsuhs.edu



**Office of the Registrar
Services Request Form**

Student Information

Last Name: _____

First/M.I.: _____

Student ID#: _____

Current address: _____

Contact #: _____

Email: _____

Graduation Date: _____

➤ **Check the school you attended/attending:**

School of Allied Health Professions

School of Graduate Studies

School of Medicine

Please mail:

Include Name and Complete Address of Person/Place where information should be sent: (Attach additional pages if necessary)

Signature: _____ Date: _____

For Office Use Only

Date Sent: _____ Mailed Faxed Initials: _____

Date of Pick-up: _____ Initials: _____