

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF NURSING
OFFICE OF STUDENT RECORDS**

TRANSCRIPT REQUEST FORM

TO THE APPLICANT: Complete the information below and send this form and a self-addressed Academic Records Envelope to the registrar of **each college and university** you have attended. Request one (1) copy of your official transcript. When you receive the official transcript in a **SEALED** envelope, include it **UNOPENED** with the materials you submit with your application to complete the process.

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE REGISTRAR

Name:

Last

First

Middle

Current Address:

Street

City / State / Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth _____ / _____ / _____

Name of College or University:

School Attended Within The University:

Dates of Enrollment: From: _____ to _____

Degree, Major, and Year:

If attended under a name other than above, give other name: _____

Please provide your student signature to indicate you are requesting the release of your transcript.

Student Signature

TO THE REGISTRAR: The person named here is applying for admission to LSU Health Sciences Center School of Nursing. We appreciate your cooperation in our self-managed application process. Please attach one (1) copy of the student's official academic record to this form. **THE BACK OF THE ENVELOPE AND AFFIX THE OFFICIAL SEAL OVER YOUR SIGNATURE.** Return the **SEALED** envelope to the applicant who will submit it **UNOPENED** to the Office of Student Affairs, Louisiana State University Health Sciences Center School of Nursing.

Official Seal

Registrar's Signature

Date

Print or Type Registrar's Name