

REQUEST FOR TRANSCRIPT(S)



LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT NEW ORLEANS
Office of the University Registrar
433 Bolivar Street, Room 154, New Orleans, LA 70112
Phone: (504) 568-4829 Fax: (504) 568-5545 Email: registrar@lsuhsc.edu

Official LSUHSC-NO transcripts can be ordered online through the Parchment website at https://www.parchment.com/u/registration/35379814/account. The cost is \$7.25 per recipient. Next Day Delivery: transcript fee (\$7.25) plus an additional \$25 per recipient. Make checks payable to LSUHSC. No PO Box addresses for Domestic Federal Express options. There is no charge for an unofficial transcript. For more information, go to http://www.lsuhs.edu/registrar/transcripts.aspx.

ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY SHOULD BE CLEAR AT THE TIME OF REQUEST

NAME Last, First, Middle Initial

Maiden/Other Names Date of Birth

SSN/LSUHSC-ID: Telephone #: Email address:

ADDRESS:

City State Zip

School(s) Attended(ing): Allied Health Professions, Dentistry, Graduate Studies, Medicine, Nursing, Public Health

I attended LSUHSC from year: to year: Graduation Date:

Send Now (Work in Progress) Yes No
Hold until grades are posted for current semester Yes No
Hold until Degree is posted for current semester Yes No

Number of copies: Official (\$7.25 each)
Unofficial (no charge)

Delivery Options: Electronically (\$7.25 each)
Mail Transcript to:

Recipient Name & Address and/or email: [Form area]

Student's Signature (Required for release of Transcripts) Date