



Choose One:  Credit courses  Non-Credit courses

REQUEST FOR TRANSCRIPT

Student's Name \_\_\_\_\_ Last First Middle

Other names used while attending: \_\_\_\_\_

Student ID # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Student's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Delgado Campus/Site Attended (Circle All That Apply):

City Park West Bank Charity School of Nursing Northshore Jefferson

I Attended Delgado From: (Sem/Yr) \_\_\_\_\_ To: (Sem/Yr) \_\_\_\_\_
First Semester of Attendance Last Semester of Attendance

Other Institution Attended (List dates of attendance for each institution attended below):

New Orleans Regional \_\_\_\_\_ Sidney Collier \_\_\_\_\_

LTC-West Jefferson \_\_\_\_\_ LTC-Jefferson \_\_\_\_\_

Please prepare (#) \_\_\_\_\_ copies of my official transcripts.

\_\_\_\_\_ I am currently enrolled at Delgado \_\_\_\_\_ I am NOT currently enrolled at Delgado

Please process request: Please check one - \$10.00 per copy (Check or Money Order ONLY!!!)

- \_\_\_\_\_ Normal Processing mailed (3-5 business days)
\_\_\_\_\_ After final grading this semester
\_\_\_\_\_ After my Degree/Certificate is awarded this semester

\*\*Currently enrolled students who request transcripts during final grading will be processed after grades post.\*\*

Mail transcript to (Please write neatly and provide a complete name and address.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Your signature authorizing your transcript to be released is required to process this request.
NORMAL PROCESSING TIME (3-5 business days).
\*\*Academic records prior to 1984 and those from a merged institution may take up to 60 days.\*\*

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

PROCESSED BY: \_\_\_\_\_ MAILED / REQ #: \_\_\_\_\_
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ E-SCRIPT SENT: \_\_\_\_\_
E-CODE / REQ #: \_\_\_\_\_