

Choose One: Credit ____ Non-Credit ____

Delgado

COMMUNITY COLLEGE

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 (____) _____ Email Address _____

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

City Park West Bank Charity School of Nursing Jefferson Northshore Sidney Collier

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

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

New Orleans Regional _____ LTC-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: (Check one)

____ Normal Processing mailed (3-5 business days) - \$10.00 per copy

____ After final grading this semester - \$10.00 per copy

____ After my Degree/Certificate/Technical Diploma is awarded this semester - \$10.00 per copy

****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 #: _____