***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 #: _____

_____ _____ E-SCRIPT SENT: _____
Staff Signature Date

E-CODE / REQ #: _____

(Revised July 2, 2015)