

NORTHWESTERN State University

A Member of the University of Louisiana System
Natchitoches, Louisiana 71497

Registrar's Office

Telephone (318) 357-6171
Fax (318) 357-5823

NAME
AND
ADDRESS

_____	_____	_____	_____	_____
First	Middle	Maiden	Last	* Previous Last Name

Number and Street or Box Number				
_____	_____	_____	_____	_____
City	State	Zip Code	() Telephone	

A MINIMUM OF THREE WORKING DAYS REQUIRED ON ALL TRANSCRIPT REQUESTS

SEND TRANSCRIPT BY: Mail e-Scrip Safe*

A contact e-mail address will be required for businesses or those colleges that are not participants of e-Scrip Safe

Receiver's E-Mail Address _____
(Print legibly or type)

Your E-Mail Address _____
(Print legibly or type)

RELEASE: Now _____ At End of Semester _____ Number of Copies _____

PLEASE GIVE A COMPLETE MAILING ADDRESS

MAIL
TO:

For office use only
Date Transcript Mailed _____

Social Security Number/CWID _____ Birth Date _____

Did you attend prior to Summer 1985? *Yes _____ No _____

Attendance Dates _____
(*Transcripts for persons who attended before summer 1985 cannot be sent via e-Scrip Safe)

Please check which transcript is being requested

Undergraduate _____ Graduate _____
(Pursued hours toward an undergraduate degree) (Pursued hours toward a Master's Degree or higher)

The 1974 Federal Educational Rights and Privacy Act requires the signature of the student to release a transcript. Academic transcripts will not be released to a third party without the written consent of student.

The signature below is true and a legal signature.

Signature

Date

Please complete, sign, date, and mail or fax this form to the Office of the Registrar.