

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 (Only those who began attendance after Spring 1985)

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

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)

Birthdate _____

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 legal signature.

Signature

Date

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