



## Transcript Request Form

To order a transcript, a student/former student must fill out a Transcript Request Form and mail or fax it to the Registrars Office. Louisiana Baptist University, 6301 Westport Avenue, Shreveport, Louisiana 71129  
Fax Number: 318.688.2148

### Please Complete All Information

Name \_\_\_\_\_  
Last First Middle/Maiden

Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Year of Graduation \_\_\_\_\_

For which degree do you desire your transcripts?

☐ A.A. ☐ B.A. ☐ M.A. ☐ M.TS ☐ M.Div. ☐ D.Min. ☐ Th.D. ☐ Ed.D. ☐ Ph.D.

Date you last attended: \_\_\_\_\_

Number of Transcripts Needed: \_\_\_\_\_

### Name(s) and address(es) of recipient(s) of official transcript (institution, employer, or agency etc.):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

**TRANSCRIPT AUTHORIZATION: All requests for transcripts must be in writing.**

\_\_\_\_\_  
Student's Signature (required by Public Law 93-380)

\_\_\_\_\_  
Date

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