



SOUTH LOUISIANA COMMUNITY COLLEGE

Please complete this form by **printing** all information (except signature). This form is to be *mailed or delivered by the student to the institution* from which the student is requesting the transcript.

To: Records Office of High School or College/University

Institution Name

Institution Address (Street, City, State, Zip Code)

Please send one copy of my official transcript (if high school, please include ACT scores and immunization records) from your institution to:

Director of Admissions
South Louisiana Community College
320 Devalcourt Street
Lafayette, LA 70506

I attended your institution from _____ to _____
(Month/Year) (Month/Year)

under the name _____.

My Social Security/Student Identification number is _____.

My date of birth is _____.

My current Mailing Address is

(Street, City, State, Zip Code)

(Signature) (Today's Date)

Note: When you mail or bring in the completed form, do not forget the transcript fee (if any).