



REQUEST FOR TRANSCRIPT/S
South Louisiana Community College
Office of the Registrar
www.southlouisiana.edu



Lafayette Campus
 320 Devalcourt Street
 Lafayette, LA 70506
 PHONE: (337) 521-8925
 FAX: (337) 262-2101

New Iberia Campus
 908 Ember Drive
 New Iberia, LA 70560
 PHONE: (337) 373-0185
 FAX: (337) 373-0187

Franklin Campus
 1013 Perret Street
 Franklin, LA 70538
 PHONE: (337) 413-8146
 FAX: (337) 413-8145

Hessmer Campus
 4137 East School Street
 Hessmer, LA 71341
 PHONE: (318) 563-8584
 FAX: (318) 563-4459

PLEASE PRINT CLEARLY

Transcript request are processed as rapidly as possible and are usually honored within three (3) days of request.
 Please note that requests made at the end of any semester will not be processed until after all grades are posted.

Name as it appears on SLCC record: _____
Last First Middle

Current Address _____ City, State, Zip _____

(Area Code) Phone Number _____ (Area Code) Cell Phone Number _____ E-Mail Address _____

*SSN/SLCCID #: _____ Birthdate: _____ Number of transcripts to be requested: _____

LAST ENROLLMENT: CURRENT FALL SPRING SUMMER YEAR: _____

I understand that transcripts will not be issued until all financial obligations and/or admission requirements to the College are cleared.

Signature for release of transcript/s _____ Date _____

PLEASE CHECK ONE: Mail Now Hold for Final Grades Pick Up Electronically Send
 Unofficial (must provide valid email address)

MAIL TO THE ADDRESS(ES) LISTED BELOW:

e-mail address _____

Name and Address where transcript is to be mailed

Name and Address where transcript is to be mailed

NOTE: To process this request, you will need to either fax or mail the completed transcript request form along with a copy of your valid driver's license or other current pictured id. WE DO NOT FAX TRANSCRIPTS.