



Policy No. IS100.25
Northwest Louisiana Technical College

Official Transcript Request

Original Adoption: June 1, 2007
Effective Date: June 1, 2007
Last Revision: August 20, 2014

Campus: _____

Dates Attended: From: Semester _____ Year _____ To: Semester _____ Year _____

Program(s) in which you were enrolled: _____

Student Name: _____

Previous Name(s): _____

Social Security Number: _____ Phone Number: _____

Number of Copies Requested: _____

Please forward a copy of the requested transcript(s) to the address noted.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please forward an Official Transcript to the employer/educational institution noted.

COMPANY NAME: _____

Attention: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

EDUCATIONAL INSTITUTION: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

For Official Use

Date Required: ____/____/____ Administrative Fee: _____

Request Processed by: _____ Date Processed: ____/____/____

Policy Reference: Louisiana Technical College Policy No. IS100.25

Approved:



Dianne Clark
Interim Director