

Applicant's Record Request Form

Date

To: Director

Please send one (1) copy of my official transcript of academic record at your institution to:

Office of Admissions Processing
Nicholls State University
P. O. Box 2004
Thibodaux, LA 70310

Please Print:

Name

Social Security Number

Date of Birth

Present Address

City

State

Zip

I attended your institution from _____ to _____

Signature of Student

To the Student requesting the transcript: Most institutions require the payment of a fee (usually \$2 per transcript), before issuing transcripts. You may save time by including your payment with this request. If you have married or changed your name since attending this institution, please give the name under which you attended.

Send this form directly to the institution previously attended.

If you are applying for financial aid, you must also have a copy of your transcript sent to the Office of Financial Aid,
P. O. Box 2005, Nicholls State University, Thibodaux, LA 70310.