Transcript Request Form

To request a transcript, please print and complete the following form. After completing all fields, sign and date the form, then mail or fax (no cover sheet necessary) the form to the NSU Office of Records and Registration. Please allow 2-3 business days for processing.

Nicholls State University
Office of Records and Registration
P.O. Box 2059
Thibodaux, LA 70310

Fax: (985) 449-7060
Phone: (985) 448-4153

Name:
Last: ____________________ First: ______________________Middle/Maiden: __________

Social Security Number: ___________________ Birth Date: _______________

Daytime Phone Number: (______) ______-_________

Street Address: ___________________________________________________

City: _______________ State: _____ Zip Code: ________

E-mail Address (Optional): ____________________________________________

Purpose of Request: _________________________________________________

Please send (check only one):
    ____ Official Academic Transcript
    ____ Co-Curricular Transcript
    ____ Letter of Good Standing

Please send (check only one):
    ____ Now
    ____ After Current Semester Final Grades are Posted
    ____ After Degree is Posted

Please mail ____ copies of the above to:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature: ___________________________ Date: ___________________________