

# 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: \_\_\_\_\_