## LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF ALLIED HEALTH PROFESSIONS Office of Student Affairs 1900 Gravier Street, New Orleans 70112

## TRANSCRIPT REQUEST FORM

**<u>TO THE APPLICANT</u>**: Compete the information below and send this form and a self-addressed Academic Records Envelope to the registrar of each college and university you have attended. Request TWO copies of your official academic record. When you receive the completed form and academic records in the SEALED envelope, include it UNOPENED with the materials you submit with your application.

## DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE REGISTRAR.

First		Middle
under another name, please	e provide:	
rsity:		
Month/year	month	/year
	rsity: Month/year	under another name, please provide:

STUDENT'S SIGNATURE

**TO THE REGISTRAR:** The person named here is applying for admission to the School of Allied Health Professions, Louisiana State University Health Sciences Center. We appreciate your cooperation in our self-managed application process. Please attach TWO copies of the student's official academic records to this form and mail to the APPLICANT in the envelope provided. Please return in the SEALED envelope to the applicant who will submit it UNOPENED to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112.