

**GRAMBLING STATE UNIVERSITY
REGISTRAR'S OFFICE**

Official Transcript Request Form
(No fee required for transcripts)

Send Immediately Send After Final Grades are Posted Place in sealed envelope

F _____
O _____
R _____
W _____
A _____
R _____
D _____
T _____
O _____

*****STUDENT INFORMATION*****

First	M.	Maiden	Last

Current Mailing Address			

City	State	ZIP	
_____	_____	_____	
()	-	_____	
Telephone Number	Email Address		

Student ID Number (Gxxxxxxx)

Date of Birth

Date of Request

Number of transcripts requested

Did you graduate? Yes _____ No _____ **Date of Graduation**

Are you currently enrolled: **If not, indicate last attendance date:**

Student Signature: _____

OFFICE USE ONLY

Date mailed: _____ Staff Initials: _____

If denied, Reason:

- _____ Incomplete Credentials (Graduate Studies) - Contact Katina Crowe (318) 274-2158
- _____ Incomplete Credentials (Undergraduate) - Contact Annie Moss (318) 274-6423
- _____ Financial Hold- Contact Student Accounts – Contact Jennifer Richards (318) 274-2662
- _____ Special Hold- _____