

**McNEESE STATE UNIVERSITY
REQUEST FOR ACADEMIC TRANSCRIPT**

Please **complete** and **sign** this form, then send it by mail or fax, along with a copy of your picture ID, to:

McNeese State University
Office of the Registrar
Box 92495
Lake Charles, LA 70609-2495
Fax (337) 475-5189

If you have any questions, please call (337) 475-5152 or (800) 622-3352 extension 5152.

Please Print

SSN: _____ Date of Birth: _____

Full Name: _____
Last First Middle Maiden

List any other names attended under: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Daytime Phone: _____ E-Mail Address: _____

Dates of Attendance: From _____ To _____
Month/Year Month/Year

* * * * *
*There is no fee for up to three copies to be mailed (hard copy or electronic), faxed, or picked up. There is a \$2.00 fee for each additional copy. **Note:** If transcript is to be sent to more than one address or fax number, use one form for each address or fax number.*

Please **mail** _____ transcript(s) to:

Please **fax** _____ transcript(s) to:
Attn: _____
Company: _____
Fax No: _____
**Faxed copies are not considered official.*

Please **electronically** send transcript to (Institution/Individual name, address, & email address):

(Email address required if sending to non-educational institution or an individual)

Please **hold** _____ transcript(s) for pick up by _____
**Person picking up transcript(s) must show picture identification.*

Check all that apply:

- Release transcript now
- Hold for final grades
- Hold for posting of degree
- Hold for grade change
- Special instructions: _____

I authorize McNeese State University to release my academic transcript as indicated above.

Signature: _____ Date: _____
Revised June 2009