



REQUEST FORM FOR OFFICIAL STUDENT TRANSCRIPT/RECORDS FROM CLOSED PROPRIETARY SCHOOLS

Contact our office at 225-342-4253 or 800-272-8090 to determine if we have your records.

Complete one form per school and mail to: (Choose from one of the mailing services below.)

Standard Mailing Address (US Postal Service):

STATE OF LOUISIANA
BOARD OF REGENTS
PROPRIETARY SCHOOLS
P.O. BOX 3677
BATON ROUGE, LA 70821

Overnight Mailing Address (Fed-Ex, UPS, or US PostalService):

BOARD OF REGENTS
PROPRIETARY SCHOOLS
1201 N. 3RD STREET
SUITE 6-200, CLAIBORNE BLDG.
BATON ROUGE, LA 70802

(Please type or print in ink.) Circle one: Mr. Miss. Ms. Mrs.

Your Name: \_\_\_\_\_

Other/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of your Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

What is the name of the school you attended? \_\_\_\_\_

In what city was this school located? \_\_\_\_\_ What is the last year you attended? (Approximate): \_\_\_\_\_

Have you ever requested a transcript from our office? Yes \_\_\_\_\_ No \_\_\_\_\_

(Fill out the following. Use the back of this page if you need more than 3 copies or more than one fax/email copy.)

Table with 4 columns: What record(s) do you need?, Why do you need the record(s)?, Mail my record(s) in a sealed envelope to:, and a fourth column for additional information. Rows include 1st Official Copy (\$10.00), 2nd Official Copy (\$5.00), 3rd Official Copy (\$5.00), and Unofficial Fax/Email (included with fee).

FEE(S): There is a \$10.00 processing fee for the first set of copies which includes: a cover letter, an official copy of requested record(s), first class return postage of requested records, and if needed, fax/email copies of these documents. Additional copies are \$5.00 each.

OVERNIGHT RETURN MAILING INSTRUCTIONS: Our fee does NOT include the cost of overnight return mail. If you want us to mail your records overnight to a school or business, etc., include a prepaid-overnight, addressed envelope when you mail us this completed form and fee.

PAYMENTS: We do NOT accept cash, personal checks or credit/debit cards. Payment must be made with a "money order" or "business or certified check" only, and made payable to "LA Board of Regents."

I HAVE ENCLOSED \$ \_\_\_\_\_ WITH THIS REQUEST. I UNDERSTAND THAT THE FEE IS REFUNDABLE IF NO DOCUMENTATION IS LOCATED.

I can be contacted at: Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Our office will not process this request without a signature.)

Revised 1/2/2012

FOR OFFICE USE ONLY
Print pages: \_\_\_\_\_ CK/MO # \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_