



**Policy No. IS100.25**  
**Northwest Louisiana Technical College**

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**Official Transcript Request**

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Original Adoption: June 1, 2007  
Effective Date: June 1, 2007  
Last Revision: August 20, 2014

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**Campus:** \_\_\_\_\_

**Dates Attended:** From: Semester \_\_\_\_\_ Year \_\_\_\_\_ To: Semester \_\_\_\_\_ Year \_\_\_\_\_

**Program(s) in which you were enrolled:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Previous Name(s):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Number of Copies Requested:** \_\_\_\_\_

<b>Please forward a copy of the requested transcript(s) to the address noted.</b>
<b>Name:</b> _____
<b>Mailing Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____

Please forward an Official Transcript to the employer/educational institution noted.

COMPANY NAME: \_\_\_\_\_

Attention: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EDUCATIONAL INSTITUTION: \_\_\_\_\_

Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*For Official Use*

Date Required: \_\_\_\_/\_\_\_\_/\_\_\_\_ Administrative Fee: \_\_\_\_\_

Request Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Reference: Louisiana Technical College Policy No. IS100.25

Approved:



\_\_\_\_\_  
Dianne Clark  
Interim Director