REQUEST FOR TRANSCRIPT
South Louisiana Community College
Office of the Registrar
1101 Bertrand Dr., Lafayette, LA 70506
Phone: (337) 521-6994 or 521-8925

The Registrar’s Office processes all requests for official transcripts using one of three options: electronically, by mail, or in person. Transcripts will be processed within two (2) business days. To process this request, you will need to either bring or mail the completed form along with the $5.00 fee for each transcript requested, or visit our website, www.solacc.edu, and follow the link to Transcripts on Demand. Transcripts for schools who participate in E-Script will automatically be sent electronically when possible. WE DO NOT FAX TRANSCRIPTS.

____Official      ____Unofficial      PLEASE PRINT CLEARLY and ANSWER ALL QUESTIONS.

Name as it appears on Academic record: __________________________________________

Previous Names Used: ________________________________ Last First Number Requested: _______

LOLA ID: __________________SSN___/____/_______Birthdate: ________________

Dates Attended: From: Semester ___________Year ________ To: Semester ___________ Year ______

Check One: Graduate_______ Non-Graduate_______ Program/Major: _______________________

Which campus did you attend?  SLCC_______ ATC Campus Name__________________ or BOTH ____

Phone Number: __________________________ Best Time to Call: _________________________

I understand that transcripts will not be issued until financial obligations and/or admission requirements to SLCC are cleared.

_____________________________________________ ______________________________
Signature for release of transcripts Date

PLEASE CHECK ONE:    ☐ Send Now    ☐ Hold for Final Grades    ☐ Pick Up    ☐ Hold for Degree

Please forward a copy of the requested transcript(s) to the address(es) below.

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

City: ___________________________ State: __________ Zip: __________

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

City: ___________________________ State: __________ Zip: __________

For Office Use Only: ___ CV HOLD Removed    ___ PSoft (ID ___________ /Term _________)

___ SES (Transcript printed ___) ___ATC Banner (Term ___________/Data in SLCC (SZPTRAN) ___)

___ Banner (ID ___________/Term _________) Processed by: _______________ Date: __________

Rev 11/18/14