

Transcript Request Form

Louisiana Delta Community College

To: Enrollment Services/Registrar
Delta Community College
4014 LaSalle Street
Monroe, LA 71203

Date _____

Please send an official copy of my transcripts to: _____

I have enclosed \$3.00 for each official transcript requested.
If this request is being submitted by mail do not send cash; a check or money order
is acceptable.

Please allow three business days for this request to be processed.

I attended LDCC under the name: _____
(Print Full Name)

My social security number is: _____ My date of birth is: _____

I last attended LDCC in: _____
(Semester) (Year)

- I am a Delta graduate: ___ Year
Hold for Student Pick-up
Send Transcript Immediately
Hold Transcript for Final Grades

Student Signature

Address

City State Zip

Telephone

Transcript Release Approval: ES/Registrar _____
Signature Date

___T ___L ___R
Accounting _____
Signature Date