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Registrar's Office Student Data Request Form

Submit the completed form (please print) and include documents, such as health insurance or loan deferment forms, which need to be completed by the Registrar's Office with this request. Requests are typically processed within three to five business days once received and are processed on a first-come-first-served basis. During peak times, such as registration or graduation, the process may be delayed.

Please be aware that enrollment verification requests for a current semester are processed after the official census date (14th class day for Fall and Spring/7th class day for Summer).

Name (Print):	on one spring , class on,	202 ~ W),	
	Last	First	Middle
SUSLA Student ID#:	9000	Contact Phone Number:	()
SUSLA Skymail Address: Personal Email Address: @skymail.susla.edu			
Enrollment Status:	Currently Enrolled	Graduated	Did Not Graduate
Current Major:	Anticipated Graduation Date/ Graduation Date:		
Please indicate the type of data requested from the list below:			
*Enrollment Verification *Degree Verification *Letter of Good Standing *Letter of Non-Enrollment *Good Student Discount *PLEASE ISSUE THE VERIFICATION LETTER Name (Organization):		COl Prod Res Oth	MPASS Scores of of Immunization idual ACT Scores er (specify):
Attention:		Email Address:	
AddressStreet Addre	ess	City	State Zip
Phone Number: ()	Fax Number:	()
To ensure that no person can obtain your information without your permission, if you have designated someone (designee) to receive this information for you, please identify the person by name and ensure the designee is able to provide picture official identification upon receipt.			
Student's Signature			Date
3050 Martin Luther King, Jr. D. Shrevenort, Louisiana 71107		none: (318) 670-9229	Registrar's Office Use Only Date Processed:

Shreveport, Louisiana 71107 www.susla.edu

FAX: (318) 670-6344 registraroffice@susla.edu Processed by: