



**bossier parish  
community college**  
ADMISSIONS/REGISTRAR

www.bpcc.edu · 6220 E Texas St, Bossier City, LA · (318) 678-6004

**Please allow three to five  
business days for processing.**  
**Official transcript fee: \$3.00 per copy**

**For the protection of our students, official transcripts are sent with only  
last 4 digits of the student's Social Security Number and the month/date of birth only.**

STUDENT ID NUMBER OR SSN		DATE OF BIRTH		SENDING PRIORITY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Immediately	<input type="checkbox"/> After grades

LEGAL NAME	<input type="text"/>
PRIOR/MAIDEN NAMES	<input type="text"/>

**Please include an updated Social Security Card if you would want to insure transcripts are sent under your current name.**

MAILING ADDRESS	<input type="text"/>				
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
HOME PHONE	<input type="text"/>	WORK PHONE	<input type="text"/>	CELL PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>			<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Other	

FIRST YEAR OF ENROLLMENT AT BPCC	<input type="text"/>	NUMBER TO BE MAILED TO ADDRESS ABOVE	<input type="text"/>
DID YOU GRADUATE FROM BPCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER TO BE MAILED TO ADDRESSES BELOW	<input type="text"/>
STUDENT PICK UP (in 3 - 5 business days)	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL NUMBER REQUESTED	<input type="text"/>

**Records from the 1980s and earlier may be on microfiche. Please allow additional time for processing.**

COMPLETE INSTITUTION NAME	<input type="text"/>				
ATTENTION TO OFFICE OR INDIVIDUAL	<input type="text"/>				
ADDRESS or EMAIL ADDRESS	<input type="text"/>				
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>

COMPLETE INSTITUTION NAME	<input type="text"/>				
ATTENTION TO OFFICE OR INDIVIDUAL	<input type="text"/>				
ADDRESS or EMAIL ADDRESS	<input type="text"/>				
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>

**Some institutions may not accept transcripts delivered by the student.  
Check with your institution if you plan to deliver your official transcript to them.**

**AUTHORIZATION AND DISCLAIMER**

I understand that it is my responsibility to provide the complete address for the mailing address. Institution address with incomplete information will be sent to the address BPCC has on record if available.

I understand that transcripts will not be sent if I have an active transcript hold; such as missing admissions documents for example proof of immunizations, official college transcripts, high school transcripts, GED scores, proof of registration with the Selective Service System (males), a debt owed to BPCC by the student or other issues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_