

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

Dear Registrar:

Please send a copy of my university transcript to:

**Dr. Isiah M. Warner**  
**Vice Chancellor, Office of Strategic Initiatives**  
**LSU, HHMI Professors Program**  
**240 Thomas Boyd Hall**  
**Baton Rouge, LA 70803**

As I have been informed, this transcript will be used only as part of the Office of Strategic Initiatives funded research of the HHMI Professors Program undergraduate and graduate students. Individual students will not be identified in reported findings; only group information will be reported. Each semester, the HHMI Professors Program will provide a copy of this form to the registrar's office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Clearly Below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number