

**Louisiana State Board of Nursing**  
17373 Perkins Road, Baton Rouge, LA 70810  
Telephone: (225) 755-7500 ♦ Fax: (225) 755-7581  
website: [www.lsbn.state.la.us](http://www.lsbn.state.la.us)

**THIRD PARTY VENDOR CONTRACTUAL AGREEMENT  
VERIFICATION FORM**

Complete this form in full and mail or fax to the Louisiana State Board of Nursing (LSBN) at the address and/or fax number above. Please include a cover sheet or letter from your institution and send to LSBN ATTN: Credentialing Department.

Title and contact information for the university/college staff member authorized to complete this form must be provided as indicated below.

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

By this instrument, \_\_\_\_\_,  
(PRINT *University/College name above*)

**hereafter Institution**, confirms the existence of a contractual agency relationship between itself and

\_\_\_\_\_  
(PRINT *name and address of the third party vendor above*)

**hereafter Vendor**, empowering **Vendor** to act on behalf of **Institution** in matters requiring the generation of official academic transcripts. **Vendor** should be considered as a primary source provider for verification of degrees from **Institution**, just as if the information had been provided directly by the **Institution**.

Said current contract with **Vendor** will expire on \_\_\_\_\_  
(end *'date'* of current contract **must** be provided)

\_\_\_\_\_  
**Printed Name and Title** of institution representative

\_\_\_\_\_  
*Signature* of same institution representative

Provide contact information for the institution representative indicated above:

Direct Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Direct Email: \_\_\_\_\_

**IMPORTANT NOTE:** All official academic transcripts must be still be submitted to the Louisiana State Board of Nursing via the postal system. Electronic and/or faxed transcripts are **not** accepted. By completing and submitting this form, the **Institution** agrees to submit an updated form to LSBN Credentialing Department when **Vendor** contract is renewed, as well as notifying LSBN in writing *immediately* should the contract with **Vendor** be cancelled prior to the expiration date provided above.