



Office of the Registrar  
Medical School, room 1-212  
Office 318.675.5205  
Fax 318.675.4758  
[shvreg@lsuhsc.edu](mailto:shvreg@lsuhsc.edu)

### Attestation Form for Legacy Admission Candidates

To qualify as an applicant for admission under the Legacy policy, a student must be a child of an alumni from the LSUHSC – Shreveport, School of Medicine. This means that the fraternal or maternal parent received a Doctor of Medicine degree from our School of Medicine. Legacy students are non-resident students that are given consideration for admission since the institution does not consider out-of-state applicants; however, if accepted, the student will pay non-resident fees for duration of enrollment at LSUHSC – Shreveport, School of Medicine.

To verify if your mother or father was a graduate of our School of Medicine, please have them complete the information below **and** include a notarized copy of the son/daughter birth certificate:

“I am the birth parent of \_\_\_\_\_ who is applying to the LSUHSC – Shreveport,  
Applicant’s name

School of Medicine. As a \_\_\_\_\_ graduate from the Doctor of Medicine program, I,  
Year of Graduation

\_\_\_\_\_, authorize the Office of the Registrar to release to the Office  
Parent’s name while enrolled at our institution

of Student Admissions, School of Medicine my degree conferral date. This is attested by my signature below:”

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

Please return this to the Office of the Registrar at the address above for processing.