

OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 3-5 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. All transcripts are free of charge.

Name:	Student ID# or last 4# of SS#:					
DOB:	Phone:		Email:			
Mailing Address:		City		State	Zip	
Previous name(s) used while a Request for name changes m Marriage/Divorce Certificate	ust accompar	ny a copy of officia	l name change docı	umentation; i.e.	. Driver's License,	
Attendance time period: (circle one)		Before 1992	After 1992	Both		
Student Signature:					<i>Date</i> :	
		equired to release tr	ranscript			
Transcript Action:	Process transcript now					
		Hold processing for final posting of current semester grades				
		Hold processing until degree is awarded				
Number of transcripts reques	sted:					
Transcript Delivery Method:	Student Pickup* (Date you would like to pick up): (You must show a picture ID in order to receive transcripts) (Transcripts will be mailed to address on file if not picked-up)					
	Mail (to address listed below)					
	Mail to student at address listed above					
MAIL TRANSCRIPT TO:						
	Attn: Street (PO Box)					
	CityState Zip					
	Please prov	ide additional add	resses on a separate	sheet of pape	r	
** MAIL this request to:		LRCC, Regi 379 Belmo Laconia Ni				