

Transient Student Transcript Request For Summer Semester

Please be reminded that this form must include your signature.
If you are requesting transcripts to be forwarded to other institutions,
please include a separate form for each institution (this form may be duplicated).

Please do not send my transcripts until my grades are posted for (*please check one*)

- Summer Semester
- First Term
- Second Term

Transcripts are usually issued within five working days of the request.

(Name) Last	First	Middle	Today's Date
Former Name(s) (<i>if applicable</i>)	Social Security Number		Date of Birth
Legal Signature		Phone Number (<i>including area code</i>)	
Copies Requested		LCCC Student Number	

FOR OFFICE USE ONLY	
Lorain County Community College Transcript Request	
<input type="checkbox"/> Paid	<input type="checkbox"/> Refund
\$ _____	\$ _____
Check # _____	Date Received _____
Other _____	Date Mailed _____

Send To

Your Name and Address

Lorain County Community College, REV 12/02
Transient Transcript Request

You may wish to confirm receipt of your transcripts within three months of the date requested. After three months, another Transcript Request form is required.
