

Transcript Request For Summer Semester

FULL
LEGAL
NAME

Last First MI Former/Maiden Name

Social Security Number Date of Birth Student Number

Home Phone: Area Code/Number Work Phone: Area Code/Number

Legal Signature Date

Enrolled this term? Yes No Graduating? _____ Yr/Term No

Transcript request is for: Credit Work Non Credit Work

New Graduate Award

IN OFFICIAL SEALED ENVELOPE ISSUED TO STUDENT

LORAIN COUNTY COMMUNITY COLLEGE
TRANSCRIPT CLERK RECORDS OFFICE
1005 N ABBE RD
ELYRIA, OH 44035

1. Prepare separate form for each request.
2. Complete the Release To and Your Name and Current Address sections of the transcript request.
3. If you want your transcript faxed and you are unsure of the fax number, please complete the Attention To section below.

Fax Information

Fax
Number

Phone
Number

Attention
To

OFFICE USE ONLY

Transcript issued in the
Connections Center

Transcript needs to be
mailed

Date Rec./Picked Up/Initials

Date Mailed/Initials

RELEASE TO:

YOUR NAME AND CURRENT ADDRESS:

LCCC assumes no responsibility in assuring confidentiality of faxed transcripts.

Confirm receipt of your transcript within three months of "DATE MAILED." After three months, a replacement must be re-ordered.