

REQUEST FOR AN OFFICIAL LCCC GRADE REPORT

All requests must be submitted by the last day of final exams for the semester of the grade report you are requesting.

Last Name	First Name	Middle Initial

Student Number	Social Security Number	

Address		

City	State	Zip

Daytime Phone Number		

What is your reason for requesting a grade report?		

Signature		Date
_____		_____

All grade reports will be mailed to your legal home permanent address on file after the end of the semester. If you are mailing this request, please address it to:

**LORAIN COUNTY COMMUNITY COLLEGE
OFFICE OF ADMISSIONS AND RECORDS
1005 NORTH ABBE ROAD
ELYRIA OH 44035**

FOR OFFICIAL USE ONLY

Received By _____

Processed By _____

Date _____

Mailed _____
& your Initials