

TRANSCRIPT REQUEST FORM

FULL LEGAL NAME
 LAST FIRST M/I FORMER/MAIDEN NAME
 SOCIAL SECURITY NUMBER DATE OF BIRTH STUDENT NUMBER
 HOME PHONE: AREA CODE/NUMBER WORK PHONE: AREA CODE/NUMBER

**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 parts 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

LEGAL SIGNATURE DATE
 Enrolled this term? YES NO Graduating? _____ Term NO
 Transcript request is for: CREDIT WORK NON-CREDIT WORK
 Send immediately Hold for grade change _____
COURSE AND NUMBER NEW GRADE
 Do not send until _____ term grades are posted
 IN OFFICIAL SEALED ENVELOPE ISSUED TO STUDENT

RELEASE TO:

YOUR NAME AND CURRENT ADDRESS:

LCCC assumes no responsibility in assuring confidentiality of faxed transcripts. Transcript Request Rev: 4-21-06
 Confirm receipt of your transcript within three months of "DATE MAILED." After three months, a replacement must be re-ordered.

LEGAL SIGNATURE is required please be sure to sign the transcript request. _____

If requesting more than one transcript for **different** addresses please complete a form for each.

Number of transcripts to the **same** address _____

If you reside in Ohio, what county do you live in? _____

What High School did you attend? _____

The Records Office telephone number and fax number Telephone number is 440-366-4067
 Fax number is 440-366-4167

NO PAYMENT REQUIRED!