

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 Send 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

Are you graduating from LCCC? YES _____ Yr/Term NO

Transcript request is for: CREDIT WORK NON-CREDIT WORK

Send immediately Hold for grade change _____

Do not send until _____ term grades are posted

COURSE AND NUMBER NEW GRADE

SEND TO:	YOUR NAME AND CURRENT ADDRESS:
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LCCC assumes no responsibility in assuring confidentiality of faxed transcripts. Transcript Request Rev: 01/12/12
 Confirm receipt of your transcript within three months of "DATE MAILED." After three months, a replacement must be re-ordered.
 Electronic Transcripts will be issued to all Ohio public colleges and universities. We will not be faxing transcripts if we send the transcript electronically.

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

Please complete a **separate** form for each location you want a transcript issued.

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

What county do you live in even if you don't live in Ohio? _____

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!