

**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

**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 \_\_\_\_\_  
COURSE AND NUMBER NEW GRADE

Do not send until \_\_\_\_\_ term grades are posted

**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:

<b>OFFICE USE ONLY</b>
Transcript issued in the Enrollment Services
Transcript needs to be mailed
Date Rec./Picked Up/Initials
Date Mailed/Initials

**SEND TO:**

**YOUR NAME AND CURRENT ADDRESS:**

LCCC assumes no responsibility in assuring confidentiality of faxed transcripts. Transcript Request Rev: 02/20/12  
 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!**