

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. Electronic Transcripts will be issued to all Ohio Public colleges and universities. We will not be faxing transcripts if we send the transcript electronically.

Information to fax an unofficial transcript.

Fax Number

Phone Number

Attention To:

OFFICE USE ONLY

Transcript issued in the Enrollment Services

Transcript needs to be mailed

Date Rec./Picked Up/Initials

Date Processed/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 _____
COURSE AND NUMBER NEW GRADE

Do not send until _____ term grades are posted

SEND TO: (We don't send transcripts by email. Please put the name and the address of where you want your transcript issued.)

YOUR NAME AND CURRENT ADDRESS:

LCCC assumes no responsibility in assuring confidentiality of faxed transcripts. Transcript Request Rev: 10/23/15
 Confirm receipt of your transcript within three months of "DATE PROCESSED." After three months, a replacement must be re-ordered.

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

When completing your transcript request form, if you don't know your LCCC student number, make sure all other information is complete and accurate.

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

The Records Office email address for requesting a transcript ONLY is: requesttranscript@lorainccc.edu.

NO PAYMENT REQUIRED!