



Lorain County Community College

1005 North Abbe Road Elyria, Ohio 44035-1691
Phone (440)366-4074 or 1-800-995-5222, Ext. 4074 Fax (440)366-4182
Email: registrar.transfer@lorainccc.edu

TRANSCRIPT EVALUATION REQUEST

Request for Evaluation of College Level Transcript(s) and/or Military Records

1 Check the statement that applies to you

- This is my first submission of college and/or military transcripts for evaluation.
- or I have had other college and/or military transcripts previously evaluated by LCCC.

2 Full Legal Name (also note maiden/previous/other names)

3 LCCC Student Number

4 Phone Number

5 Birth Date (MM/DD)

6 E-Mail Address

7 Last 4-digits of SSN

8 Have you served in the United States military? NO YES

If yes, please submit a copy of DD-214, NOBE, or Joint Services Transcript for evaluation of credit

9 Program of Study at Lorain County Community College (required)

10 List All College(s) Attended and/or Military Record(s)
(DO NOT USE ABBREVIATIONS)

Date(s) of Attendance

OFFICE USE ONLY

Date Transcript Received

Transcript Attached

The Official Transcript(s) from the above named institution(s) has (have) been requested.

NO YES How long ago? _____

I am requesting that the above college transcript(s) and/or military record(s) be evaluated for possible transfer of credit to Lorain County Community College.

Legal Signature _____ Date _____

This request is valid for three (3) months from the date of receipt by the Registrar's Office.

Return This Page to Enrollment Services. Incomplete forms may not be processed.