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 CELL PHONE: AREA CODE/NUMBER

LEGAL SIGNATURE DATE

Enrolled this term? ☐ YES ☐ NO
Are you graduating from LCCC? ☐ YES ☐ NO 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

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

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 Current Address parts of the transcript request.
3. Electronic Transcripts will be issued to any 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
College/Company Name
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 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 and the year you graduated? ___________________

Did you receive your GED? What year did you receive? ___________________

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

NO PAYMENT REQUIRED! The Records Office email address for requesting a transcript ONLY is: requesttranscript@lorainccc.edu.

LCCC assumes no responsibility in assuring confidentiality of faxed transcripts.
Confirm receipt of your transcript within three months of “DATE PROCESSED.” After three months, a replacement must be re-ordered.

Transcript Request Rev: 4/28/18