

REQUEST FOR LASSEN COMMUNITY COLLEGE TRANSCRIPT

Each student is allowed **two free** transcripts. There is a \$5 fee for regular processing, or a \$10 fee for rush processing.

Name: _____
Last First MI Birthdate (Month/Day/Year)

LCC Student ID: _____ **OR** Social Security Number: _____

Mailing Address: _____
P.O. Box or Street Address City STATE ZIP

Phone Number: (_____) _____
Area Code

Dates of Attendance: _____ Other Names Used: _____

Place a checkmark by all that apply:

- _____ Please Rush (\$10 per transcript)
- _____ Number of transcripts requested _____ (\$5.00 charge per transcript)
- _____ I would like to pick up a copy now (\$10 per transcript).
- _____ Send now _____ Send at the end of semester
- _____ Fax an unofficial copy to: (_____) _____.
- _____ Mail a _____unofficial _____official copy to my home address.
- _____ Mail an official copy to:

NAME OF INSTITUTION

ATTENTION TO

MAILING ADDRESS CITY STATE ZIP CODE

SIGNATURE

DATE OF REQUEST

Method of Payment: Check or Money Order (mail-in): _____ Credit Card: Visa _____ Master Card _____

Confidential information may be provided over the phone. Provide phone number above where requested.

Card Number: _____ Expiration Date: _____ CV2 (3 digit code on back): _____

Name on Card: _____

Authorizing Signature: _____

Print Name

*Please note:

1. Allow 5 working days for processing (15 days at end of semester for faxed and mailed transcripts).
2. No transcript will be furnished until all financial obligations to the college are satisfied.

Admissions and Records Request for Transcript July 2010

For Office Use Only:
Fee Collected _____
Receipt Number: _____
Clerk Initials: _____

Lassen Community College District * Admission & Records * P.O. Box 3000, Susanville CA 96130 *
Phone: (530) 251-8808 FAX: (530) 251-8802