

REQUEST FOR LASSEN COMMUNITY COLLEGE TRANSCRIPT

Each student is allowed two free transcripts. There is a \$3 per transcript fee for five day processing, or a \$5 per transcript fee for immediate transcript requests thereafter. Transcripts include only classes taken at Lassen Community College.

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

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

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

Phone Number (in case we have problems processing your request): (_____) _____
Areas Code

Approximate Dates of Attendance: _____

Maiden Name/Other Names Used: _____

Place a checkmark by all that apply:

- _____ I would like to pick up a copy of my transcript now (\$5 fee per transcript for immediate requests).
- _____ Send transcript now (will not include grades for current semester).
- _____ Send transcript at the end of this semester (request will be held for final grades).
- _____ Fax an unofficial copy of my transcripts to (_____) _____.
- _____ Mail an unofficial copy of my transcripts to my home address listed above.
- _____ Mail an official copy of my transcripts to:

NAME OF INSTITUTION ATTENTION TO
MAILING ADDRESS CITY STATE ZIP CODE

SIGNATURE (Required) 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

*Required

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.
3. Fill out separate request for each transcript request

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