

**TRANSCRIPT REQUEST FROM OTHER INSTITUTIONS TO  
LASSEN COMMUNITY COLLEGE**

It is the responsibility of the applicant to obtain an official transcript from each educational institution attended. The *Transcript Request Form* has been designed for the applicant's convenience. Complete this form and mail a copy to each institution attended. Please note that most institutions charge a transcript fee. Contact each institution to verify cost.

To the Registrar of: \_\_\_\_\_  
(Name of school you are requesting transcripts from)

**Please forward an official transcript of my records to:**

Lassen Community College  
Admissions & Records  
P.O. Box 3000  
Susanville, CA 96130

Legal Name (please print): \_\_\_\_\_  
Last First MI

My Student ID used at your institution OR Social Security Number is: \_\_\_\_\_

My birth date is: \_\_\_\_\_  
(Month/Day/Year)

Current mailing address: \_\_\_\_\_  
(PO Box or Street Address)  
\_\_\_\_\_  
City State ZIP

Phone number where you can be contacted if there is any problem processing this request : (\_\_\_\_\_) \_\_\_\_\_  
Area code

Approximate dates of attendance: \_\_\_\_\_

Former names used: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_