



Transcript Request Form

Lassen Community College
ADMISSIONS & RECORDS
P.O. Box 3000 Susanville, CA 96130
Phone: (530) 251-8808 Fax: (530)251-8802
E-Mail: lccadmissions@lassencollege.edu

- STANDARD PROCESSING: OFFICIAL**
\$5 Each (2 copies free, lifetime) Please allow 3 to 5 business days for processing.
- RUSH PROCESSING: OFFICIAL**
\$10 Each (Does Not qualify for free copies) Processed within 1 business day of request receipt. NOT AVAILABLE DURING BUSY/REGISTRATION TIMES.
- ON-DEMAND PROCESSING: OFFICIAL**
\$15 Each ONLY AVAILABLE FOR WALK-IN. NOT AVAILABLE DURING BUSY/REGISTRATION TIMES
- UNOFFICIAL COPY**

- HOLD FOR SEMESTER GRADES**
ONLY AVAILABLE DURING LAST MONTH OF SEMESTER
- HOLD FOR DEGREE POSTING**
ONLY AVAILABLE DURING LAST MONTH OF SEMESTER

*Incomplete forms will NOT be processed
 *Transcripts will NOT be processed until all outstanding debts and/or holds are cleared
 *You are allowed two free transcripts in a lifetime. If your request does not qualify, you will be contacted for payment.
 *Unofficial transcripts are available through My Lassen LCC Portal
 *All Transcripts are sent by standard mail ONLY
 *PLEASE WRITE LEGIBLY

LCC ID# OR SS# _____ Date of Birth: _____ Years Attended (Ex. 2005-2015) _____
 Last Name: _____ First Name: _____ M.I. _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Home Phone: _____ Mobile Phone: _____
 Maiden/Other Name: _____ E-Mail Address: _____
 Number of Copies _____ Hold for pickup – Photo ID required for pickup requests Mail to ME at address above

Mail to:

Name/School (No initials please) _____
 Attention: _____
 Address: _____
 City: _____ State: _____ Zip: _____

***Make checks payable to Lassen Community College or provide Visa/Master card information below.**
 Name on Card: _____ Billing Address is the same as above.
 Billing Address: _____
 City: _____ State/Province/Region: _____
 Country: _____ Zip: _____
 Visa Master card Number _____ Expiration Date: _____
 3-digit Security Code: _____

***By my signature, I authorize Lassen Community College to charge my account for the transcript request fees (if paying by credit card).**
***YOUR SIGNATURE SIGNIFIES THAT YOU HAVE READ THIS FORM AND UNDERSTAND THE TERMS OF YOUR REQUEST AND RELEASE OF YOUR RECORDS.**

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Business Office Hold PERC Hold Hold Released 1st FREE 2nd FREE

Fee Collected: _____ Receipt: _____ A&R _____