

TRANSCRIPT REQUEST



5800 Godfrey Road, Godfrey, IL 62035-2466
618/468-2222 800-YES-LCCC FAX 618-468-7194 www.lc.edu

FOR OFFICE USE ONLY

RESTRICTION: _____

TRRQ UPDATED: _____

DATE SENT: _____

STAFF MEMBER: _____

Transcripts are processed free of charge.

Transcripts cannot be issued for a student who has a financial obligation to the college.

Help us help you – Please print clearly.

SSN/ LCCC Student ID# _____
Date of Birth (mm/dd/yyyy) (____) _____
Phone Number _____
Date

Last Name First Name MI Former Name

Street Address

City State Zip

____ This is a new address. Please update my records and transcript accordingly.

Signature: _____

The Family Educational Rights and Privacy Act (FERPA) prohibits educational institutions from releasing student records without the written consent of the student. Forms without a signature cannot be processed.

Please check appropriate option:

____ Send now (Transcripts are processed on Tuesday & Thursday mornings)

____ Send after my graduate status is posted (Allow 2-4 weeks after the end of the term)

Send after my grades for the current semester are posted

____ Give to student **(OFFICIAL)** (Personal ID is required)

____ Give to student **(UNOFFICIAL)** (Personal ID is required)

____ My transcript may be released to and picked up by (Full Name): _____
(Personal ID is required)

____ FAX my transcript to _____
(FAXED transcripts are not official)

***PLEASE INCLUDE NAME AND FULL ADDRESS TO WHERE TRANSCRIPT IS BEING SENT**

Send my transcript to:

Send my transcript to:

