

# TRANSCRIPT REQUEST FORM

Continuing Education Division



## Lenoir Community College

P.O. Box 188 | Kinston, NC 28502-0188 | 252.527.6223

Occupational Extension Fax: 252.233.6880 | Public Safety Fax: 252.233.6885

Transcripts may also be requested online at <http://www.studentclearinghouse.org/>

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

### Student Information

Student Full Name:

Last name while enrolled, if different:

Student ID / last 4 of SS#:

Date of Birth:

Address:

City/State/Zip:

Phone Number:

Copies Requested (Check One):    1    2

Mail **official** transcript to:

College/Department:

Contact Name:

Address:

City/State/Zip:

Fax or e-mail **unofficial** transcript to:

College/Department:

Contact Name:

Fax Number:

E-mail Address:

## THERE IS A \$5.00 FEE PER TRANSCRIPT

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**OFFICE USE ONLY**

\_\_\_\_\_  
**Request Date**

\_\_\_\_\_  
**Fee Paid**

\_\_\_\_\_  
**Paid Date**

\_\_\_\_\_  
**Transcript Printed**