

TRANSCRIPT REQUEST FORM

(College Curriculum Credit Courses Only)

Lenoir Community College

P.O. Box 188, Kinston, NC 28502-0188 Phone# (252) 527-6223 Fax # (252) 233-6895

Transcripts are \$5 per official copy.

Payment must be made before the request will be processed.

NO TRANSCRIPT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED.
(EXAMPLE: PARKING TICKETS, LIBRARY FINES, OVERDUE BOOKS, CAMERA EQUIP., ETC.)

CIRCLE ALL THAT APPLY: **PICK UP** **MAIL** ***FAX** ****E-MAIL**

(Please note: Faxed & E-mailed transcripts may not be considered official at the receiving college.)

*If faxing, please provide name/department: _____ Fax # _____
(Area Code)

**If emailing, please provide email address: _____

Transcripts are available for PICK UP after 2 PM the next day.

If someone else will PICK UP your transcript, please provide their name here: _____
(A valid picture ID is required.)

LCC STUDENT I.D. NUMBER* _____
(or last 4 digits of your SS# and date of birth)

(Please print)

FULL NAME

First Middle/Maiden Last

Mailing Address

City State Zip Code

Telephone Number: _____

Last name while enrolled (if different) _____ Year last attended LCC _____

MAIL MY TRANSCRIPT TO: _____
College Name/Department/ Person

Full Mailing Address _____
Street Address

City State Zip Code

SPECIAL INSTRUCTIONS: (check all that apply)

Hold for **present semester grades**

Hold for **graduation statement**

Other instructions? _____

SIGNATURE _____ **DATE** _____

A physical signature is required. Cursive font and electronic signatures will not be accepted.