

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

Email: regoffice@lenoircc.edu

I. Transcript Type: (Select option below)

Unofficial: # of Copies _____

Official: # of Copies _____

II. Identification:

LCC I.D.: _____ OR Last 4 Digits of SSN & DOB: _____

FULL NAME: _____
First Middle/Maiden Last

Last name while enrolled (if different): _____

Telephone Number: _____ Last year attended LCC: _____

III. Receiving Method: (Select option below)

Transcripts are \$5 per official copy. Payment must be made before the request will be processed. Contact the Business Office at (252) 527-6223, ext. 324 for payment.

(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))

Pick Up:

Transcripts are available 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.)

Fax:

Name/department: _____ Fax #: _____

Email: _____

Official emailed transcripts can be ordered via www.studentclearinghouse.org

Mail: _____

College Name/Department/ Person

Mailing Address

City

State

Zip Code

SPECIAL INSTRUCTIONS: (check all that apply)

Hold for present semester grades

Hold for graduation statement

SIGNATURE: _____ **DATE:** _____

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