

TRANSCRIPT REQUEST
Lakes Region Community College

Please allow 3-5 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. The first two transcripts are *free and* all additional requests are \$3.00 each.

Name: _____ Student ID#: _____ DOB: _____
Address: _____ Email: _____
City _____ State ____ Zip _____ Phone: _____

Previous name(s) used while attending LRCC _____ Request for name changes must accompany a copy of official name change documentation; i.e. Driver's License, Marriage/Divorce Certificate, or Social Security Card.

Major: _____ Dates Attended: _____

Transcript Delivery Method: _____ Hold for posting of current semester grades
_____ Student Pickup (Date you would like to pick up): _____
_____ Mail (to address listed below)

Number of transcripts requested: _____

MAIL TRANSCRIPT TO: Name/Institution: _____
Attn: _____
Street (PO Box) _____
City _____ State ____ Zip _____

**** MAIL** this request with a check payable to: LRCC, Registrar's Office
379 Belmont Rd
Laconia NH 03246

****OR FAX** your request with credit card information to 603-524-8084:

of transcripts requested: ____ x \$3.00 = _____
of faxed transcripts: ____ x \$5.00 = _____ **Total Fee Enclosed \$** _____
(Fax # _____) All faxed transcripts are unofficial.

Student Signature: _____ **Date:** _____

***Required to release transcript**

Credit Card Authorization: Select: Mastercard _____ Visa _____ Discover _____
Cardholder Name: _____
Cardholder Phone: _____
Credit Card Number: _____
Authorized Amount: _____ Exp Date _____
Cardholder Signature: _____

For Business Use Only - Receipt # _____