TRANSCRIPT REQUEST
Lakes Region Community College

Please allow five working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. The first two transcripts are *free*; all additional requests are $3.00 each. If you are requesting a transcript to go to another NH Community College, the fee is waived. There is an additional $5.00 fee to fax an unofficial transcript.

Name: _____ Student ID#:_____

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, Social Security Card or Birth Certificate

Major: _____ Dates Attended: _____

I am requesting:
___ Official transcript ___ Unofficial Transcript

Transcript Delivery Method:
___ Hold for final 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: Lakes Region Community College
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 #_____)

Credit Card Authorization:

Please select : Mastercard _____ Visa_____ Discover_____

Cardholder Name: _____

Credit Card Number: _____ Exp Date _____

Authorized Amount: _____ 3-Digit Code (back of card) _____

Cardholder Signature: _____

***Student Signature*: _____ *Date*: _____**
***Required to release transcript**

For Business Use Only - Receipt #_____

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