



OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 3-5 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. All transcripts are free of charge.

Name: _____ Student ID# or last 4# of SS#: _____

DOB: _____ Phone: _____ Email: _____

Mailing Address: _____ City _____ State _____ Zip _____

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.

Attendance time period: (circle one) Before 1992 After 1992 Both
[] Check here if you graduated
Enter year _____

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

Transcript Action:
[] Process transcript now
[] Hold processing for final posting of current semester grades
[] Check here if you are a Running Start Student
Enter month class ends _____
[] Hold processing until degree is awarded
Number of transcripts requested: _____
Issuing Options:
[] Issue to Student and Mail to address listed above or check here [] if transcript is for "Pick-up".
[] Issue to Student and Mail to address listed above
[] Issue to Institution listed below and Mail to address listed below
[] Issue to Institution listed below and Mail to student at address listed above

TRANSCRIPT INFO:
Name/Institution: _____
Attn: _____
Street (PO Box) _____
City _____ State _____ Zip _____

Please provide additional addresses on a separate sheet of paper

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