



**OFFICIAL TRANSCRIPT REQUEST FORM**

Lakes Region Community College  
Office of the Registrar  
379 Belmont Road, Laconia, NH 03246  
Phone: (603) 366-5235 Fax: (603) 524-8084  
Email: lrccregistrar@ccsnh.edu

**Student Information**

Please allow 3-5 business days for processing.

Current Name: \_\_\_\_\_

Name while attending (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID # or Last 4 digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Approximate Dates Attended: \_\_\_\_\_

**Transcript Information**

**Transcript Action**

\_\_\_\_\_ Process/mail transcript now                      \_\_\_\_\_ Hold for current semester grades  
\_\_\_\_\_ Student pick up    \_\_\_\_\_ Hold until degree is awarded

**Number of transcripts requested:** \_\_\_\_\_

**Issue Transcript To:**

Name / Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_