



OFFICIAL TRANSCRIPT REQUEST FORM

Office of the Registrar
379 Belmont Road, Laconia, NH 03246
Phone: (603) 524-3207 Fax: (603) 524-8084
Email: lrccregistrar@ccsnh.edu

Student Information

Please allow 5-7 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

- | | |
|--|---|
| <input type="checkbox"/> Process/mail transcript now | <input type="checkbox"/> Hold for current semester grades |
| <input type="checkbox"/> Student pick up | <input type="checkbox"/> Hold until degree is awarded |

Number of transcripts requested: _____

Issue Transcript To:

Name / Institution: _____

Address: _____

***Student Signature:** _____ **Date:** _____

12/22/2020

*Please note: Original signature is required. Typed signatures will not be accepted.