



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. There is a \$ 5.00 processing fee per transcript.

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: _____ X \$ 5.00= _____ Total due at time of request

Issue Transcript To:

Name / Institution: _____

Address: _____

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

By signing this form, I agree to contact LRCC Business Office, 603 366-5245 or LRCCBusinesOffice@ccsnh.edu, to make payment arrangements. I understand that transcript requests will not be processed until payment is received.

Checks may be made payable to LRCC, and included with mailed form.

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