LACKAWANNA COLLEGE OFFICE OF THE REGISTRAR

Transcript Request

About your transcript request:

- * There is a fee of \$10.00 per transcript copy.
- * This request may be faxed or e-mailed. The fee may be paid by credit card please include your card type, number and expiration date with your request.
- * ALL TRANSCRIPT REQUESTS MUST INCLUDE THE STUDENT'S SIGNATURE.
- * A transcript will not be issued to or for a student who is in debt to Lackawanna College.

Name:		Last 4 digits of SS# or Student IDDate
Address:		City:
State:	Zip Code:	Phone: ()
Send Transcripts to:		
Name of Institute or Pers	on:	
Address of Institute or Pe	erson:	
Request is for:		
		ealed transcript is to be presented unopened to ript is no longer considered official).
Student Copy.		
If you want the transcript	sent out at the end	of the semester please check here
Are you a graduate of La	ckawanna College	? Yes No If yes what year?
Are you currently enrolle	d at Lackawanna C	College? Yes No If no, what year did you attend?
Maiden name at college i	f applicable:	
Signature:		Date:
		Do not write in space below
Business Office Approv	al:	Fee Paid:
Date Transcript Mailed	:	Initials:
* If paying by credit	card please comp	lete the form on next page. Address/Fax Number/E-mail see next pag

When completed, please Sumbit both pages by doing the following:

Mail: LACKAWANNA COLLEGE OFFICE OF THE REGISTRAR 501 VINE STREET SCRANTON, PA 18509

Fax the form (including credit card type, number and expiration date) to: (570) 504-7925

E-mail the form to transcripts@lackawanna.edu

For Payment by Credit Card:

Credit Card Type (Visa/MasterCard/Discover)	
Card #:	security code on back of card
Expiration Date:	
Name of Card Holder:	

I authorize Lackawanna College to charge the above account for my transcript fee(s).

Authorized	Signature	Date	è