

LACKAWANNA COLLEGE OFFICE OF THE REGISTRAR

Academic Record and Transcript Request

Please feel free to print a copy of this form, fill out all applicable information and send it to:
Lackawanna College - Office of the Registrar, 501 Vine Street, Scranton, PA 18509, or fax it to (570) 504-7925.

About your transcript request:

- * There is a fee of \$5.00 per transcript copy.
- * Requests must be received by the Office of the Registrar at least 5 working days before the transcript is needed.
- * This request may be faxed. 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.**
- * Financial indebtedness to Lackawanna College may preclude the release of transcript.

Name: _____ Last 4 digits of SS# or Student ID _____ Date _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____

Send Transcripts to:

Name of Institute or Person: _____

Address of Institute or Person: _____

Request is for:

_____ An Official transcript. An official transcript bears the seal of the college, and must be sent *directly* to the school, agency, or individual specified by the student

_____ Student Copy. Unofficial transcripts which do not bear the seal of the college may be released to the student. If Picking Transcript up Day/Date) _____ and Time _____

When do you want transcript sent? _____ Now _____ End of Semester

Are you a graduate of Lackawanna College? _____ Yes _____ No If Yes what Year? _____

Are you currently enrolled at Lackawanna College? _____ Yes _____ No If no what year did you attend? _____

Maiden name at college if applicable: _____

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- **Note: Urgent *in-person*** requests for transcripts presented to the Registrar's Office prior to 11 A.M. of a given workday will be available for pick-up after 3 P.M. the same day. Urgent requests for transcripts initiated after 11 A.M. of a given day will be available for pick-up after 3 P.M. the following workday.

Student Signature: _____ **Date:** _____

When completed, please mail this form (both pages) to the following address:

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

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

For Payment by Credit Card:

Credit Card Type (Visa/MasterCard/Discover) _____

Card #: _____

Expiration Date: _____ **Security Code:** _____

Name of Card Holder: _____ **Note: The security code is the 3 digit
number on the reverse of the card**

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

Authorized Signature **Date**

Do not write in space below

Business Office Approval: _____ **Fee Paid:** _____

Date Transcript Mailed: _____ **Initials:** _____