

## REQUEST FOR TRANSCRIPT OF RECORD

Attach receipt to this form, or write receipt number if paying over the phone: \_\_\_\_\_

Lakeland Identification Number (LID) <b>OR</b> Last 4 digits of SSN			Number of Copies	
Student Name	Last	First	Middle	
Day/Evening Phone NO.			<b>DIRECTIONS:</b> <input type="checkbox"/> SEND IMMEDIATELY <input type="checkbox"/> HOLD FOR THE FOLLOWING TERM: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> HOLD FOR NOTIFICATION OF DEGREE Term _____ Year _____ <b>PROCESSING:</b> <input type="checkbox"/> STANDARD \$5 <input type="checkbox"/> SAME DAY PICK-UP \$10	
Email				Former Name
Current Address				Today's Date
City & State/Zip				Date of Birth

**PLEASE PRINT - Applicant is responsible for address**

**MAIL TO:**

**PLEASE NOTE:**

1. All financial obligations to Lakeland Community College must be satisfied before a transcript is released.
2. Fill out separate request for each address.
3. Please allow 3-5 days for standard processing.

**FOR OFFICE USE ONLY:  
Do not write in this space**

AMOUNT DUE

\$

AMOUNT PAID

\$

**Student Signature Required** \_\_\_\_\_

**TRANSCRIPT FEE: \$5.00 for each copy**  
**SAME DAY PICK-UP TRANSCRIPT FEE: \$10.00 for each copy**