

## REQUEST FOR TRANSCRIPT OF RECORD

Lakeland Identification Number (LID)			Number of Copies
Student Name Last	First	Middle	Day/Evening Phone NO.
Social Security Number			Former Name
Current Address			Today's Date
City & State/Zip			Date of Birth

**DIRECTIONS:**

SEND IMMEDIATELY

HOLD FOR THE FOLLOWING TERM:  
 FALL       SPRING       SUMMER

HOLD FOR NOTIFICATION OF DEGREE  
 Term \_\_\_\_\_ Year \_\_\_\_\_

**PROCESSING:**  
 STANDARD \$5       RUSH \$10

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

**MAIL TO:**

**PLEASE NOTE:**

1. No transcript will be furnished until all financial obligations to the college are satisfied.
2. Fill out separate request for each address.
3. Please allow 1-2 days for rush processing and 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**  
**RUSH TRANSCRIPT FEE: \$10.00 for each copy**

WHITE: Office    YELLOW: Student