

LACKAWANNA COLLEGE OFFICE OF THE REGISTRAR

Academic Record and Transcript Request

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 sealed transcript is to be presented unopened to a third party. If seal is broken transcript 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 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: _____

Signature: _____ Date: _____

Do not write in space below

Business Office Approval: _____ Fee Paid: _____

Date Transcript Mailed: _____ Initials: _____

- * If paying by credit card please complete the form on next page. Address/Fax Number see next page

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 #: _____ **3 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