

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 HAND WRITTEN 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 ID - _____ Dat _____

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/E-mail see next page

When completed, please Submit 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 with your hand written signature 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**