

Lassen Community College ADMISSIONS & RECORDS P.O. BOX 3000 Susanville, CA 96130 Phone:(530)251-8808 Fax:(530)251-8802 E-Mail: Iccadmissions@lassencollege.edu

## TRANSCRIPT REQUEST FORM

## Please print and complete a separate request for each transcripts being sent to a different location.

LCC ID# or SS#:		Date of Bir	th: <u> </u>	Years of Attendance:	
Name:	First		Initial	Maiden/Other Name	
Address: Street/P.O. Box	City	State	Zip	Phone: <u>()</u>	
Signat	ture			Date	_

## □ HOLD FOR END OF SEMESTER GRADES (ONLY ACCEPTED THE LAST MONTH OF THE SEMESTER)

Regular	Send Transcript(s) to	D: Name/School:				
OR	# of Copies	Department/Person:	Department/Person:			
🗆 RUSH		Address:				
		City:	State:	Zip:		
Special Instruct	ions:					
<ul> <li>Regular Transcr</li> <li>the end of the se</li> <li>RUSH transcrip</li> <li>through Thursda</li> <li>Unofficial trans</li> </ul>	gular transcripts, in a lifetim ripts after the first two are \$ <b>mester, after grades are po</b>	5.00 each. <b>(Transcripts le</b> osted) ranscripts leave our office OURING BUSY TIMES MY LASSEN LCC PORTAL	oply to RUSH transcripts) eave our office within 5 Business e 24 hours after we receive the r			
*All requests after first two free ones must be accompanied with payment. Make checks payable to Lassen Community College or provide Visa/MasterCard information below.						
NAME ON CARD:		VISA/MC	NUMBER:			

NAME ON CARD:		VIS.	A/MC NUMBER:	
EXPIRATION DATE:	SECURI	TY CODE:		
		FOR OFF	CE USE ONLY	
	Fee:	_ Receipt:	Processor:	