

TRANSCRIPT REQUEST FORM

(College Credit Courses Only)

Lenoir Community College

P.O. Box 188, Kinston, NC 28502-0188 Ph# (252) 527-6223 Fax # (252) 233-6895

NO TRANSCRIPT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED.
(EXAMPLE: PARKING TICKETS, LIBRARY FINES, OVERDUE BOOKS, CAMERA EQUIP., ETC.)

CIRCLE ONE: **PICK UP** **MAIL** ***FAX** ****E-MAIL**

(Please note: Faxed & E-mailed transcripts are not official.)

*If faxing, please provide name/department: _____ Fax # _____
(Area Code)

**If emailing, please provide email address: _____

Transcripts are available for PICK UP after 2 PM next day.

If someone else will PICK UP your transcript, please provide their name here: _____

(A valid picture ID is required.)

LCC STUDENT I.D. NUMBER* _____

(or last 4 digits of your SS# and date of birth)

(Please print)

FULL NAME

First

Middle/Maiden

Last

Mailing Address

City

State

Zip Code

Telephone Number: _____

Last name while enrolled (if different) _____ Year last attended LCC _____

MAIL MY TRANSCRIPT TO: _____

Person/College/Department

Full Mailing Address _____

Street Address

City

State

Zip Code

SPECIAL INSTRUCTIONS: (check one)

____ Hold for **present semester grades**

____ Hold for **graduation statement**

____ Other instructions? _____

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY: MAILED PICKED UP FAXED E-MAILED