



TRANSCRIPT REQUEST FORM

PLEASE ISSUE A COPY OF MY ACADEMIC RECORD TO THE ADDRESSEE SHOWN BELOW:

Office or name of a particular person

Name of school or employer or institution

Street address

Apartment or box number

City

State

Zip code

Fax number (if needed)

In accordance with Federal Law 93-380 the transcript issued to the above address may not be released to any other party without the student's written consent.

Full name (printed)

(First)

(Middle)

(Last)

Current address

Apartment or box number

City

State

Zip code

Home phone: _____

Cell phone: _____

Signature: _____

Date signed: _____

(REQUIRED)

Name enrolled under (if different from above): _____

Dates of attendance: _____

Social security number: _____ - _____ - _____

Date of birth: _____ / _____ / _____

There is no charge for the first copy of a transcript. After the first copy, the charge is \$10.00. The \$10.00 fee must be paid before the transcript request can be fulfilled.

Louisburg College reserves the right to withhold academic transcripts in the event of an outstanding obligation owed, which includes a failure to pay tuition or outstanding balances, and/or a default on any federal student loan (including a Federal Perkins Loan).