



# TRANSCRIPT REQUEST FORM

Date \_\_\_\_\_

**Student Name:**

\_\_\_\_\_

Last First Middle (Maiden)

**Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip

**Please send transcript to:**

\_\_\_\_\_

Name

\_\_\_\_\_

Address Street

\_\_\_\_\_

City State Zip

**Student Signature:**

\_\_\_\_\_

Current Student ID# \_\_\_\_\_

Current Student Box # \_\_\_\_\_

Year Graduated \_\_\_\_ Degree earned \_\_\_\_

Non-graduate (last year of attendance) \_\_\_\_

No. of copies to be sent  
\_\_\_\_ Official \_\_\_\_ Unofficial

Cost is \$5

Additional copies will be \$1 each for same day requests.

(Any bills owed to LBC must be paid before transcripts may be released.)

Send immediately

Hold for posting of current semester grades

**Office Use Only:**

Payment Received: (\$ \_\_\_\_\_) Date Sent \_\_\_\_\_

Attn: Registrars' Office  
901 Eden Rd., PO Box 83403  
Lancaster, PA 17608-3403  
717.560.7071