

# 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 JCPY TRVGP 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: \_\_\_\_\_

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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 j cpf 'y t l w g p' 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**