

Request for Official Transcript



391 West Washington Street Painesville, Ohio 44077

Phone: 440.375.7010 Fax: 440.375.7014

PLEASE PRINT

Name (include last name as a student if you attended prior to 1994) SS# or Student ID# Date

Address City & State Zip Code

()
Contact Phone (for any questions in processing this request)

Did you graduate from Lake Erie College? Yes ___ No ___ Date/Year Attended _____

Program: Bachelor ___ Master ___ Professional Development ___ High School ___

___ Check here to hold until current semester grades are recorded

*Please use the space below to record up to four addresses for transcript destination.
If transcript is to be sent to you to give to a 3rd party, write that it needs to be stamped over the envelope seal.
If transcript is for you then it will be stamped "Issued to Student."*

1) _____ 2) _____

3) _____ 4) _____

Transcript processing fee is \$7.00 per copy

Payment can be made with cash, check payable to *Lake Erie College*, or by charge to Visa, MasterCard or Discover

Full Name on the Credit Card: _____

Billing Address: _____
(if different than above)

Card # _____ Exp. Date _____ Security Code _____

Please allow 2-4 business days for processing from the date received in our office (5-7 days during high volume times)

Total Amount \$ _____
Must be included

Student Signature (MANDATORY)