

NOTRE DAME COLLEGE TRANSCRIPT REQUEST FORM

Office Use Only:

Date Received _____

Date Processed _____ Staff _____

Payment: Cash Check CC Amount _____

Recorded on Spreadsheet ☐

Full Name (at time of attendance)	ID# or SS#	Date
Address	City & State	Zip Code
Phone #	Email	

Please use the space below to record the mailing address for your transcript(s).

Electronic transcripts can only be processed through requests completed on the National Student Clearinghouse site.

If an Official transcript is to be sent to you, to give to a 3rd party, write that it needs to be stamped over the envelope seal, otherwise the transcript will be stamped "Issued to Student".

☐ Official

☐ Unofficial

☐ Official

☐ Unofficial

☐ Official

☐ Unofficial

☐ Official

☐ Unofficial

Student Signature: **REQUIRED BY FEDERAL LAW TO RELEASE TRANSCRIPT(S)**

Official Transcript processing fee is \$5.00 per copy

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

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

Full Name on Credit Card: _____

Billing Address: _____
(if different than above)

Card #: _____ CVC: _____ Exp. Date _____

Total Amount: \$ _____
Must be included

Student Signature _____