

391 West Washington Street Painesville, Ohio 44077 Phone: 440.375.7010 Fax: 440.375.7014

OFFICE USE ONLY:		
Date Received		
Date Processed Staff Initials		
Payment: Cash Check CC Amount		
Recorded on Spreadsheet		

## **Transcript Request**

## DI EACE DRIVE

	PLEASE PRINT	
Full Name (include last name as a student)	Student ID# or SS#	Date
Address	City & State	Zip Code
()_Contact Phone / E-Mail Address (required for any questi	ons in processing this request)	
Did you graduate from Lake Erie College? Yes	No Graduation Date/Dates Attended_	
Program(s): Undergrad MBA MEd MSPAS	Professional Development High School Po	st Bach Endorsement
Hold until current semester grades are recorded?	Yes No Hold for degree conferral?	Yes No
If an Official transcript is to be sent to you, to gi	below to record your transcript destination(s) i <u>ve to a 3<sup>rd</sup> party</u> , write that it needs to be <u>star</u> script will be stamped "Issued to Student."	
Official Unofficial	Official Unofficial _	
Official Unofficial	Official Unofficial _	
STUDE	NT SIGNATURE: REQUIRED BY FEDERAL LAW	TO RELEASE TRANSCRIPT'S
	anscript processing fee is \$5.00 per cop	``
	from the date received in our office (5-7 days d	
Payment can be made with cash, check payal		
,		
Card #	Exp. Date Security C	Code
Total Amount \$		
Total Amount \$ Must be included	Student Signa	ture (MANDATORY)

June 2019