

TRANSCRIPT REQUEST

State Community College/ Metropolitan Community College

601 James R. Thompson Blvd. East St. Louis, IL 62201

Phone: 618-468-3785

FAX: 618-468-7234 www.lc.edu

FOR OFFICE USE ONLY

DATE SENT: _____

STAFF MEMBER: _____

Transcripts are processed free of charge.

Transcripts cannot be issued for a student who has a financial obligation to the college.

Help us help you – Please print clearly.

Social Security Number

Phone Number

Date

Last Name

First Name

MI

Former Name

Street Address

City

State

Zip

This is a new address. Please update my records and transcript accordingly.

Signature: _____

The Family Educational Rights and Privacy Act (FERPA) prohibits educational institutions from releasing student records without the written consent of the student. Forms without a signature cannot be processed.

Please check appropriate option:

Send now (Transcripts are processed on Tuesday & Thursday mornings)

Send after my graduate status is posted (Allow 2-4 weeks after the end of the term)

Send after my grades for the current semester are posted

Give to student (OFFICIAL) (Personal ID is required)

Give to student (UNOFFICIAL) (Personal ID is required)

My transcript may be released to and picked up by (Full Name): _____
(Personal ID is required)

FAX my transcript to _____
(FAXed transcripts are not official)

Send my transcript to:

Send my transcript to: