



# Transcript Request Form

**Lassen Community College  
ADMISSIONS & RECORDS**  
P.O. Box 3000 Susanville, CA 96130  
Phone: (530) 251-8808 Fax: (530) 251-8802  
E-Mail: lccadmissions@lassencollege.edu

<input type="radio"/> <b>STANDARD PROCESSING:</b> \$5 each (2 copies free, lifetime). Please allow 3 to 5 business days for processing.	<input type="radio"/> <b>Hold for Semester Grades:</b> ONLY AVAILABLE THE LAST MONTH OF SEMESTER <input type="radio"/> <b>UNOFFICIAL</b>
<input type="radio"/> <b>RUSH PROCESSING:</b> \$10 each (does not qualify for free copies). Processed within 1 business day of request receipt. NOT AVAILABLE DURING REGISTRATION.	*Incomplete forms will NOT be processed *Transcripts will NOT be processed until all outstanding debts and/or holds are cleared *You are allowed two free transcripts in a lifetime. If your request does not qualify, you will be contacted for payment *Unofficial transcripts are available through My Lassen LCC Portal *Transcripts are sent by regular mail ONLY *Please write legibly
<input type="radio"/> <b>ON-DEMAND PROCESSING:</b> \$15 each ONLY AVAILABLE FOR WALK-IN. NOT AVAILABLE DURING REGISTRATION.	

LCC ID# OR SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Maiden/Other Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Number of copies: \_\_\_\_\_  Hold for pickup - Picture ID will be required for pickup requests     Mail to ME at address above

Mail to:

Name/School (no initials please) _____
Attention: _____
Address: _____
City: _____ State: _____ Zip: _____

**\*Make checks payable to Lassen Community College or provide Visa/Master Card information below.**

Name of Card: \_\_\_\_\_  Billing Address is the same as above.  
 Billing Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Visa     Master Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 3-digit Security Code: \_\_\_\_\_

**\*By my signature, I authorize Lassen Community College to charge my account for the transcript request fees (if paying by credit card)  
\*YOUR SIGNATURE SIGNIFIES THAT YOU HAVE READ THIS FORM AND UNDERSTAND THE TERMS OF YOUR REQUEST.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
<input type="radio"/> Business Office Hold	<input type="radio"/> PERC Hold	<input type="radio"/> Hold Released	<input type="radio"/> 1 <sup>st</sup> Free <input type="radio"/> 2 <sup>nd</sup> Free
Fee collected: _____		Receipt: _____ A&R _____	