LAMAR COMMUNITY COLLEGE

Transcript Request Form

Instructions: *Please complete the information below and mail/fax the transcript request to: Transcripts, Lamar Community College, 2401 S. Main Street, Lamar, CO 81052 or 719.336.2400.* ***You will be required to present a photo ID if you plan to pick up your transcript.***

Student ID: _____ Phone #: _____ Birth Date: _____

Name: _____
Last Name *First Name* *Middle Name*

Former name used at LCC: _____

Email Address: _____ Date/s of Attendance: _____

Request: (**Check all that apply**)

- ☐ Official Copy – Sealed Envelope
- ☐ Hold for Current Semester Grades: ☐ Summer ☐ Fall ☐ Spring
- ☐ Hold for Degree Posting: ☐ Summer ☐ Fall ☐ Spring
- ☐ Hold for change of Grade: Course _____ Semester _____ New Grade _____

Pursuant to provision of the Federal Family Educational Rights Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated. The transcript request will not be processed without signature.

Signature: _____ Date: _____

For Pick Up: _____ (# of copies)
Or
Mail _____ (# of copies) **transcript(s) to:**

Name:_____
Organization: _____
Address: _____
City; State: ZIP: _____

Name:_____
Organization: _____
Address: _____
City; State: ZIP: _____

Please note:

- **Transcripts will not be provided for students with financial or other obligations to any Colorado community college.**
- **Please allow one week for processing.**
- **To view your records online, go to www.lamarcc.edu and log in to your student account.**

Printed: _____ Date: _____
Special Processing Fee: _____ Paid: _____ Date: _____ Rev. 2/10