



TRANSCRIPT REQUEST

ONE REQUEST PER FORM

Name: _____ SSN: _____
 First Middle Last

Former Name (if applicable): _____

Phone Number: _____ Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

NOTE: Place a in this box if you would like your address and/or phone number updated in our computer system !

First Enrolled at LCC: _____ / _____ Last Enrolled at LCC: _____ / _____
 Semester Year Semester Year

TRANSCRIPT TYPE / FEE (select only one) **PERSONAL CHECKS ARE NOT ACCEPTED**

_____ Official / \$2.00 _____ Unofficial / \$2.00 _____ Faxed Unofficial and Mailed Official / \$12.00

DISPOSITION

- _____ Release to Addressee Below
- _____ Hold for Posting of Degree/Certificate >> Specify Degree/Certificate: _____
- _____ Hold for Posting of Final Grades >> Specify Term: _____
- _____ Pick Up >> If someone is picking up the transcript for you, specify name: _____
(LCC will hold transcript for 30 calendar days after which it will be shredded and fees forfeited.)

ADDRESSEE (transcript will be sent to this address)

Name: _____

Attention: _____ FAX Number (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature (required): _____ **Date:** _____

TRANSCRIPT SERVICE POLICY

- A separate form is required for each request. Requests should be mailed to Luna Community College, Office of the Registrar, 366 Luna Drive, Las Vegas, New Mexico, 87701. Requests can also be faxed to 505.454.5348.
- When ordering by mail, attach a cashier's check or money order payable to Luna Community College. **PERSONAL CHECKS ARE NOT ACCEPTED.** If request is faxed in, fees must be paid by debit or credit card (Master Card or Visa) by calling the LCC Business Office at 505.454.2500 ext. 1001 or 800.588.7232.
- Transcripts will not be issued if any financial obligations are due to the College.
- Transcripts will be issued in 2-3 working days and are processed in the order received. However, please allow 2-3 weeks for processing if the request is made at the beginning or end of a term. Picture ID will be required to pick up transcripts.
- All requests must be authorized by the student's signature in accordance with the Family Educational Rights and Privacy Act of 1974. Requests by persons other than the student will not be honored without the student's written permission.

Business Office Use Only

Cleared by: _____ Amount Paid: \$ _____ Receipt #: _____

Registrar Office Use Only

Request Processed by: _____ Date Processed / Mailed: _____