

Transcript Request
Office of the Registrar • 366 Luna Drive
Las Vegas, New Mexico 87701 • www.luna.edu 505.454.2548 • Fax: 505.454.5348

IMPORTANT: A copy of your photo ID is REQUIRED when ordering a transcript.

	ONL	Y ONE REQUEST PI	ER FORM
Name:			SSN or LCC ID#:
First	Middle	Last	
Address:			Phone Number:
City:	State:		Zip:
Other Name(s) Used:	Da	ate of Birth:/_	/ First Enrolled at LCC:/
			phone number updated in our computer system !
		our address and/or p	mone number apaatea in our compater system :
ANSCRIPT TYPE – SELECT OI	NE		
☐ Official ☐ Unoffic	ial>>> Free Unofficial	copies are also availa	able to students online at https://pathways.luna.edu
☐ Electronic Official			
	SONAL CUECKS NOT	ACCEPTED	
ELIVERY METHOD/FEE – PER	SONAL CHECKS NOT A	ACCEPTED	
☐ Pick Up /\$7.00 (Photo ID	is required)	er Mail /\$7.00	Flectronic Official /\$7.00
- Γιέκ ορ / φ7:00 (Γιίοιο 1 <i>D</i>	is required) — Regule	11 Man / \$7.00	Electionic official / \$7.00
>> If someone is picking	g up the transcript for yo	ou, specify name:	
HEN TO PROCESS – SELECT (ONE		
_			
☐ ASAP to Recipient Below	☐ After Final (Grades have Posted	After Degree/Certificate has Posted
ECIPIENT			
Name/Institution:			
Email Address (if Electronic Of	ficial):		
Address:			
City:	St	ate:	Zip:
			Date:
)·		Date
ANSCRIPT SERVICE POLICY			
A copy of your photo ID is	s REOUIRED when orde	ring a transcript. Er	mailed requests MAY BE SENT TO registrar@luna.edu
			30 days after which it will be shredded and all fees
forfeited.			,
			NAL CHECKS ARE NOT ACCEPTED. If request is faxes office at 505.454.2500 ext. 1001 or 800.588.7232.
• Transcripts (official & uno	fficial) will not be issued	if any financial oblig	ations are due to the College.
• Transcripts will be issued processing if the request			e order received. However, please allow 2-3 weeks for
Transcripts that are sent	or given to the student a	are marked "Issued to	5. l
Official copies of work tra	6 11 166 11		o Student" and may not be acceptable to all institutions.
	nsterred to LCC must be		·
	orized by the student's s	requested directly fr signature in accordan	o Student" and may not be acceptable to all institutions. rom the institution where the coursework was completed nce with the Family Educational Rights and Privacy Act of without the student's written permission.

Request Processed by:____

Date Processed Sent:_____

Revised/Effective: 04/28/2017

Cleared by:

Amount Paid:\$_ Receipt #:_