

TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR
LOCK HAVEN UNIVERSITY OF PENNSYLVANIA
LOCK HAVEN, PA 17745
Completed form may be faxed to 570-484-2734

PRINT -- STUDENT'S NAME AND MAILING ADDRESS

LHU Student ID # [If ID is not known, indicate SSN – used to locate correct record]

BIRTHDATE _____

PHONE (HOME) _____

PHONE (WORK/LOCAL) _____

CELL PHONE (area code) _____ (phone) _____

MAIDEN NAME _____

ANY OTHER LAST NAME _____

Email Address _____

CURRENTLY ENROLLED AT LHU? _____ YES _____ NO (IF NO, DATE LAST ATTENDED _____)

LHU GRADUATE? _____ YES/YEAR _____ NO

DATE FIRST ATTENDED LHU _____

SEND TRANSCRIPT NOW _____ HOLD FOR CURRENT GRADES _____

HOLD FOR GRADUATION CLEARANCE _____ HOLD FOR GRADE CHANGE _____

STUDENT'S SIGNATURE _____ **DATE** _____

OFFICIAL TRANSCRIPTS BEARING THE SEAL OF LHU WILL BE SENT UPON COMPLETION OF THE TRANSCRIPT REQUEST FORM. ALL TRANSCRIPTS WILL BE PROCESSED AS **OFFICIAL** DOCUMENTS. HOWEVER, IN ORDER TO BE CONSIDERED OFFICIAL BY OTHER COLLEGES/UNIVERSITIES AND PROSPECTIVE EMPLOYERS, THE TRANSCRIPT(S) IS (ARE) TO BE SUBMITTED IN THE **SEALED** ENVELOPE AS RECEIVED BY THE STUDENT. NORMALLY THIS REQUEST WILL BE PROCESSED WITHIN 48 HOURS; HOWEVER, DELAYS MAY OCCUR DURING PEAK PERIODS. SUBMIT A SEPARATE FORM FOR EACH MAILING ADDRESS. THIS REQUEST WILL BE RETURNED TO YOU UNPROCESSED IF INSUFFICIENT INFORMATION IS PROVIDED OR IF THERE IS A HOLD ON YOUR GRADES FOR FINANCIAL REASONS. THIS FORM WILL BE USED IN A WINDOW ENVELOPE; STUDENT IS RESPONSIBLE FOR CORRECT AND LEGIBLE INFORMATION.

There is no charge for transcripts.

PLEASE SEND TO THE ADDRESS BELOW

(#) _____ UNDERGRADUATE TRANSCRIPT(S)

AND/OR

(#) _____ MASTER'S PROGRAM TRANSCRIPT(S)

OFFICE USE ONLY
DATE REC'D _____
PROCESSED _____