

TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR -- LOCK HAVEN UNIVERSITY -- LOCK HAVEN, PA 17745
Completed form may be faxed to 570-484-2734 ~ There is no charge for transcripts.

PRINT -- STUDENT'S NAME AND MAILING ADDRESS

MAIDEN NAME _____

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

BIRTHDATE

PHONE (HOME)

(_____) _____
CELL PHONE

ANY OTHER LAST NAME

Email Address _____
(This may be used if there are problems with your request or to notify you of the status of your request if transcript is sent electronically.)

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

LHU GRADUATE? _____ YES/YEAR _____ NO

YEAR 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 2-3 DAYS; HOWEVER, DELAYS MAY OCCUR DURING PEAK PERIODS. SUBMIT A SEPARATE FORM FOR EACH MAILING ADDRESS/ELECTRONIC RECIPIENT. 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. STUDENT IS RESPONSIBLE FOR CORRECT AND LEGIBLE INFORMATION.

SEND THIS NUMBER OF TRANSCRIPTS (#) _____ Undergraduate Transcript(s) AND/OR (#) _____ Master's Program Transcript(s)

DELIVER TO (complete one):

Electronic Recipient : _____
Institution and Office (i.e. Admissions, Graduate Admissions, Registrar, etc)

Name of Recipient: _____

Recipient's Email: _____

Confirm Recipient's Email: _____

US Postal Service (1st Class Mail)

Fax (Unofficial) - Enter Recipient's Fax Number (_____) _____

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OFFICE USE ONLY

DATE REC'D _____
PROCESSED _____
03/21/2012 –form last revised