

TRANSCRIPT REQUEST FORM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Office of the Registrar

1858 West Grandview Boulevard, Erie, PA 16509

Phone: (814) 866-6641 Fax: (814) 866-8123

e-mail: Erie-Registrar@lecom.edu

INSTRUCTIONS: Please print all information clearly. Submit one form for each transcript requested. Signed request forms can be submitted via fax, e-mail or mail. **There is a \$10.00 transcript fee charged for each transcript.**

Request Date: _____

STUDENT INFORMATION

Student Name: _____ Former Name (if applicable): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail Address: _____

Last 4 digits of SSN #: _____ Birth Date: _____

ADDRESS FOR TRANSCRIPT DELIVERY (*Transcripts cannot be transmitted electronically via fax or e-mail.*)

Attention: _____

Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you want Class Rank included, check here:

Transcript Mailing Instructions:

Mail immediately

Mail on a specific date: _____

Hold for current semester grades/degree posting

Payment Method:

Cash

Check or money order payable to LECOM

Electronic payment via LECOM website

STUDENT'S SIGNATURE/RELEASE AUTHORIZATION

NOTE: Transcripts issued to students MUST be stamped "Student Copy." "OFFICIAL" transcripts needed for internships, residencies, employment or admission to another university, etc., can be released to students but will be sealed and marked "OFFICIAL TRANSCRIPT" on the back of the envelope.

REGISTRAR'S USE ONLY

DATE MAILED: _____ BY: _____

PAYMENT RECEIVED: _____ STATUS: _____