

Lincoln College

Transcript Request

Instructions: Download and complete this form including method of payment and signature. We are unable to accept transcript requests by telephone. Current students are to bring their request and payment to the Student Accounts Office. Those not on campus may fax their request and credit card number with the expiration date to **(217) 732-2992** or mail it to Lincoln College Attn: Registrar 300 Keokuk Lincoln, IL 62656. Each transcript cost is \$5. Official transcripts are mailed, not faxed or e-mailed. Usual processing time is 3-5 working days. We are unable to process requests from those with financial obligation(s). If this may be the case, please contact the Student Accounts Office at (217) 735-7225 before making your request. For general transcript questions, please contact the Registrar's Office at (217) 735-7243.

Please complete the following:

Lincoln College ID or Social Security Number: _____ Date of Request: _____

Student's Name _____

Student's Name at time of Attendance (If Different) _____

Street Address _____

City _____ State _____ Zip Code _____

Student's Daytime Area Code/Phone # ____/____ - ____ E-mail: _____

Date of Birth ____/____/____ Dates of Attendance ____-____-____ to ____-____-____

Please check one: Unofficial (no charge) _____ Official (\$5 fee) _____

Please check one: Send immediately ____ Send after recording current grades ____ Send after recording degree ____

Please send my transcript to:

Institution or Company: _____

Attention (if needed) _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Institution or Company: _____

Attention (if needed): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

STUDENT'S SIGNATURE: _____

Payment Method: Credit Card or Debit Card and Visa MasterCard American Express Discover

Card Number: _____ CVV Code (3 digits; found on back of card): _____

Expiration Date _____

Dollar Amount of Enclosed Check \$ _____ (\$5 per transcript) Make check payable to Lincoln College

For Office Use Only:

Business Office Approved: YES NO **Paid: \$** _____

Business Office Signature: _____ **Date:** _____

Registrar's Office Signature: _____ **Date Sent:** _____