



# TRANSCRIPT REQUEST

LAKE MICHIGAN COLLEGE • RECORDS OFFICE  
 2755 E. NAPIER AVE. • BENTON HARBOR, MI 49022  
 FAX 269-927-6874

**Directions:** Fill out form **completely** and **correctly**. Mail or FAX form. Transcript requests are normally processed within five business days upon receipt of a completed request. Allow time for receiving institution to evaluate. Official copies may be released to students in a sealed envelope. **Note:** Transcripts will NOT be issued if holds exist on student account.

**Student Information** *Please print clearly* **Student Information**

First Name \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name \_\_\_\_\_ Other name while attending LMC (if applicable) \_\_\_\_\_

LMC ID (or Social Security No.) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ e-mail address \_\_\_\_\_

Address \_\_\_\_\_ Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

If you attended prior to 1998, please indicate approximate years: \_\_\_\_\_ - \_\_\_\_\_

**Transcript Information** *Please print clearly* **Transcript Information**

**Send transcript to: (attach additional sheet if necessary)**

**Please CHECK ONE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Mail
- FAX (student copy only)
- Overnight (ADD \$9.00)  
*Unable to overnight to P.O. Box*
- Hold for current grades Term: \_\_\_\_\_
- Hold for degree Term: \_\_\_\_\_

FAX No. (Student copies only): \_\_\_\_\_

Requesting MACRAO Evaluation  
 (See college catalog for more information)

**Student Signature** *Required* **Student Signature**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information** *Please print clearly* **Transcript fees are NOT refundable**

**\$5.00 per copy** (not refundable)

Number of copies: \_\_\_\_\_ Official \_\_\_\_\_ Student \_\_\_\_\_

Cash  Check \_\_\_\_\_  
Check No.

Credit Card (Visa • MasterCard • Discover • American Express)

Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

**Office Use Only --- Payment**

Amount Paid \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Office Use Only --- Completed by**

Official: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_