

# 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 expiration date to (217)732-2992, or mail it to Lincoln College 300 Keokuk, Lincoln, IL 62656, Attn: Registrar. Each transcript costs \$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) 732-3155 ext. 225 before making your request. For general transcript questions, please contact the Registrar's Office at (217) 732-3155 ext 243.

**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:** 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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY:</b>	
Business Office Approved: _____ YES _____ NO	Paid: \$ _____
Business Office Signature: _____	Date: _____
Registrar's Office Signature: _____	Date Sent: _____