



**TRANSCRIPT REQUEST FORM**

**Complete this form and return with payment to the Office of the Registrar.  
The transcript fee is \$3.00 per copy. For expedited service via overnight courier in the U.S. there is an additional \$15 fee.  
All financial obligations (holds) to the College must be cleared before transcripts will be furnished.  
Allow FIVE working days for processing.**

Name \_\_\_\_\_ Former Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Student ID or Last 4 #'s of SS Number \_\_\_\_\_

Current Address \_\_\_\_\_

Daytime Phone or Cell Number \_\_\_\_\_ Email \_\_\_\_\_

RECORDS TO BE SENT:       Undergraduate       Graduate       Both

SEND:       Now  
               After this term's grades are added to transcript  
               After posting of degree  
               After grade change in \_\_\_\_\_

Send \_\_\_\_ Copy to the address below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send \_\_\_\_ Copy to the address below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of an official copy of my academic record to the above listed person(s) or institution(s).

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

**Lynchburg College  
Office of the Registrar  
1501 Lakeside Drive, Lynchburg, VA 24501  
PHONE (434) 544-8218  
FAX (434) 544-8220**

Office Use Only: CHECK_____ CASH_____ Date: PAID_____ SENT_____
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Visa/MC/American Express/Discover \_\_\_\_\_ Exp. \_\_\_\_\_