

REQUEST FOR ACADEMIC TRANSCRIPT

Lake Land College Admissions & Records
5001 Lake Land Blvd, Mattoon, IL 61938-9366
Fax: 217-234-5390 Office: 217-234-5311
admissions@lakelandcollege.edu



Lake Land College is a sending member of the eSCRIP-SAFE Global E-Transcript Delivery Network. If the institution where you are requesting a transcript to be sent is on the SCRIP-SAFE Network your transcript may be sent via eSCRIP-SAFE.

NAME*:	LAST	FIRST	MIDDLE/PREVIOUS	SOCIAL SECURITY NUMBER**
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CURRENT ADDRESS	LAKE LAND STUDENT ID NUMBER
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CITY	STATE	ZIP CODE	DATE OF BIRTH	TELEPHONE	EMAIL
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***NOTE REGARDING NAME** – Transcripts are issued with the legal name under which the student records are currently held. To change the name on the student transcript and other student records, a copy of one of the following documents verifying the current legal name must be submitted by mail or fax at the time of the transcript request: court order, government issued ID/driver’s license or revised birth certificate.

STUDENT’S SIGNATURE (<i>Computer generated signature will not be accepted</i>) TODAY’S DATE

PICKUP (A photo ID will be required to pickup transcripts)

Total number to this address <input type="checkbox"/>	NAME
	ADDRESS
	CITY STATE ZIP CODE

Total number to this address <input type="checkbox"/>	NAME
	ADDRESS
	CITY STATE ZIP CODE

****A Social Security number is not required but providing it will expedite the processing of your order. The College has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any Social Security number without consent for any purpose except as allowed by law and College policy.**

The College reserves the right to withhold transcripts of persons who have unpaid financial obligations to the institution.