

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

Transcript to be mailed when current session grades are included.

Transcript to be mailed when graduation has been posted.

*\*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.*