TRANSCRIPT REQUEST FORM
(College Curriculum Credit Courses Only)

Lenoir Community College
P.O. Box 188, Kinston, NC 28502-0188   Phone #: (252) 527-6223
Fax #: (252) 233-6895               Email: regoffice@lenoircc.edu

I. Transcript Type: (Select option below)

☐ Unofficial: # of Copies _______  ☐ Official: # of Copies_________

II. Identification:

LCC I.D.: ___________________  OR  Last 4 Digits of SSN & DOB:__________________________

FULL NAME: ____________________________________________________________
First       Middle/Maiden       Last

Last name while enrolled (if different): _____________________________________________

Telephone Number: ______________________ Last year attended LCC: _________________

III. Receiving Method: (Select option below)

Transcripts are $5 per official copy. Payment must be made before the request will be processed. Contact the Business Office at (252) 527-6223, ext. 324 for payment.

(NO TRANSCRIPT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED. (EXAMPLE: PARKING TICKETS, LIBRARY FINES, OVERDUE BOOKS, CAMERA EQUIP., ETC)

☐ Pick Up:

Transcripts are available after 2 PM the next day.
If someone else will pick up your transcript, please provide their name here: _________________________________
(A valid picture ID is required.)

☐ Fax:
Name/department: ________________________________ Fax # _____________________

☐ Email: ______________________________________
Official emailed transcripts can be ordered via www.studentclearinghouse.org

☐ Mail: ______________________________________
College Name/Department/ Person

Mailing Address
__________________________________________
City      State      Zip Code

SPECIAL INSTRUCTIONS: (check all that apply)
☐ Hold for present semester grades    ☐ Hold for graduation statement

SIGNATURE: _____________________________________________ DATE: ___________
A physical signature is required. Cursive computer font and electronic signatures will not be accepted.