TRANSCRIPT REQUEST FORM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE
Office of the Registrar
1858 West Grandview Boulevard, Erie, PA 16509
Phone: (814) 866-6641 Fax: (814) 866-8123
e-mail: Erie-Registrar@lecom.edu

INSTRUCTIONS: Please print all information clearly. Submit one form for each transcript requested. Signed request forms can be submitted via fax, e-mail or mail. There is a $10.00 transcript fee charged for each transcript.

Request Date:_________________

STUDENT INFORMATION

Student Name:_________________________ Former Name (if applicable):__________________

Current Address:______________________________________________________________

City:____________________________State:__________Zip Code: ____________

Telephone: ______________ E-Mail Address: ________________________________

Last 4 digits of SSN #:__________________________Birth Date: _____________

ADDRESS FOR TRANSCRIPT DELIVERY (Transcripts cannot be transmitted electronically via fax or e-mail.)

Attention: ________________________________________________________________

Institution/Organization: _____________________________________________________

Address: ________________________________________________________________

City:____________________________State:__________Zip Code: ____________

If you want Class Rank included, check here: ❑

Transcript Mailing Instructions: ❑ Mail immediately
❑ Mail on a specific date: ______________________
❑ Hold for current semester grades/degree posting

Payment Method:
❑ Cash
❑ Check or money order payable to LECOM
❑ Electronic payment via LECOM website

STUDENT’S SIGNATURE/RELEASE AUTHORIZATION

NOTE: Transcripts issued to students MUST be stamped "Student Copy." "OFFICIAL" transcripts needed for internships, residencies, employment or admission to another university, etc., can be released to students but will be sealed and marked "OFFICIAL TRANSCRIPT" on the back of the envelope.

REGISTRAR’S USE ONLY

DATE MAILED: __________________________ BY: __________________________

PAYMENT RECEIVED: ______________________ STATUS: ______________________

Revised 04/21/2016