

Lewis & Clark College

Transcript Request Form

- Mail, fax or hand-deliver your request. You may also scan your request after signing, and then email to our office.
- Signature required to authorize the release of educational records.
- Transcripts will be released only if all financial obligations to the college are satisfied.



CAS Registrar's Office

0615 SW Palatine Hill Rd MSC 108
 Portland Oregon 97219-7899
 Phone: 503-768-7335
 Fax: 503-768-7333
 Email: reg@lclark.edu

Last	First	MI	Phone
Current Address	City	State	Zip email
Social Security # or LC ID #	Date of Birth	Maiden/Other Name(s) under which you may have attended	
Dates of attendance (approximate):		Degree date if applicable:	

▶ SIGNATURE OF STUDENT _____ ◀

Signature indicates agreement to release transcript and charge credit card as indicated below

ORDERING *Please note: We do not fax or email transcripts*

Number of **Official** Transcripts to be PICKED UP or MAILED to you at the above address: _____
 Number of **Unofficial** Transcripts to be PICKED UP or MAILED to you at the above address: _____

Number of **Official** transcripts to be mailed to the company/Institution address below: _____
 Number of **Official** transcripts to be mailed to the company/Institution address below: _____

Name Institution / Agency City/State/Zip	Name Institution / Agency City/State/Zip
--	--

Additional addresses can be attached on a separate page.

SPECIAL INSTRUCTIONS

- | | |
|---|--|
| <input type="checkbox"/> Hold for pick-up at the Registrar's office (photo ID required) | <input type="checkbox"/> Process after degree is posted |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Process after grades are posted |

PURPOSE:

- Scholarship Graduate School Transferring from LC Taking classes elsewhere and continuing at LC Other:

FEES *Payment must accompany request.*

UNOFFICIAL TRANSCRIPTS: NO CHARGE, but will only be issued to student's address or held for pick up.
 OFFICIAL TRANSCRIPTS: \$5.00 for one, \$10.00 for two, and \$2.00 for each additional transcript ordered at the same time.

Total number of official transcripts ordered: _____

Payment Type: Check Visa / Mastercard (Not Debit)

Amount Enclosed: \$ _____

Name on Card: _____

Signature: _____

Credit Card #: _____

Expiration Date: _____ V Code _____
 (3 digit security code on back of card)

FOR OFFICE USE ONLY

	DATE	INITIALS
RECEIVED	_____	_____
ADR UPDATED	_____	_____
TRRQ	_____	_____
CRI	_____	_____
PMT PROCESSED	_____	_____
MAILED	_____	_____