

**TRANSCRIPT REQUEST FORM**

Complete a separate form for each address

**LYCOMING COLLEGE**

Office of the Registrar

Williamsport, PA 17701-5192

Office: 570-321-4044 // Fax: 570-321-4980

**PROCESSING INFORMATION:**

Send this many transcripts to:

Official to third party \_\_\_\_\_  
To me: Official \_\_\_\_\_  
Unofficial \_\_\_\_\_

Send them:

Now  
 Now by Federal Express (additional \$25)  
 End of current term  
 After degree is posted  
 Pick up on \_\_\_\_\_

**Official copies of transcripts** can only be released to other institutions or organizations.

**Official copies of transcripts issued to students** are in a signed, sealed envelope. Breaking the seal makes the transcript unofficial.

**Unofficial copies of transcripts** are those given directly to the student in person or by mail.

**RELEASE MY ACADEMIC TRANSCRIPT TO:**

*This form is used in a window envelope. You are responsible for accurate information.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***YOUR SIGNATURE***

**DATE**

*NOTE: The federal government requires your signature to release transcripts.*

**THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST (type or print):**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Name at time of enrollment \_\_\_\_\_ Birth Date \_\_\_\_\_  
Current Address \_\_\_\_\_ Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Email address \_\_\_\_\_

I am....  currently enrolled (no charge)  
 a graduate of Lycoming. My graduation date is \_\_\_\_\_ term \_\_\_\_\_ year \_\_\_\_\_  
 not currently enrolled. My last term in attendance was \_\_\_\_\_ term \_\_\_\_\_ year \_\_\_\_\_

Reason for transcript request:  Applying to graduate school  
 Processing an application for employment  
 Transferring to another undergraduate college  
 Other \_\_\_\_\_

**FEES:** No transcript will be issued for a student or alumnus whose financial obligation to the college has not been satisfied.  
*Payment must accompany this request.*

*Free for current, full-time students.*

\$4 first copy, \$1 each additional copy requested at same time.  
\$25 additional for Federal Express

Make checks payable to *Lycoming College*.

**TO PAY YOUR FEES WITH CREDIT CARD:**  
 VISA  MASTERCARD  
Acct # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Cardholder signature \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Cardholder name and address (if different from above) \_\_\_\_\_

**TRANSCRIPTS ARE PROCESSED IN 3 BUSINESS DAYS**  
**EXCEPTION: END/BEGINNING OF TERM UP TO 14 BUSINESS DAYS.**

**FOR OFFICE USE ONLY:**

Payment Received \$ \_\_\_\_\_  
 Cash  M.O.  Credit Card  
 Check # \_\_\_\_\_

Transcript Fees \$ \_\_\_\_\_  
Special mailing charges \$ \_\_\_\_\_  
**Total Due** \$ \_\_\_\_\_  
Refund \$ \_\_\_\_\_

Financially cleared  Yes  No  
Hold released \_\_\_\_\_

Date Transcript Mailed \_\_\_\_\_  
Processed by \_\_\_\_\_