

LCN Transcript Request Form

Submit Completed Form To:

Transcript requests **must be signed by the student only** in order to be released. Financial and academic obligations to the College must be satisfied. **A fee of \$10.00 for each transcript copy is required prior to issuance.** Transcripts of completed courses at another college must be obtained directly from that institution.

Please allow 7 days for processing

Lakeview College of Nursing
Attn: April Grant
903 N. Logan Avenue
Danville, IL 61832
Or Fax: 217/709-0953

Date of Request: _____

Date of Graduation: _____ I am a current student I did not graduate

Name: _____ / _____
(Last) (First) (Middle) (Last name used while attending)

Social Security Number: _____ -- _____ -- _____ Date of Birth: _____ / _____ / _____

Current Address: _____
(Street)

(City) (State) (Zip Code)

Daytime Phone # (_____) _____ Evening Phone # (_____) _____

E-mail Address: _____

I am requesting this transcript for:

Employment _____ Graduate School _____
(Please Specify) (Please Specify)

Other _____
(Please Specify)

Please send _____ copy(ies) of my official transcript to:

Name/Organization: _____

Attn: _____

Address: _____

City/State/Zip: _____

Signature: _____

Office Use Only:

Date Sent: _____ Fee: \$ _____

Type of Payment (please circle one): Cash Check VISA MasterCard Discover

Number (if using credit card) _____ -- _____ -- _____

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