

TRANSCRIPT REQUEST FORM – College Transfer Credit

Lakewood College – TRANSCRIPT PROCESSING
2231 North Taylor Road • Cleveland Heights, OH 44112
Phone: 1-800-517-0857 Fax: 216-803-9899

TO THE STUDENT

1. Fill out this form as soon as you can. Make additional copies if needed.
2. Contact the college(s) you attended and ask what fee(s), if any, must be paid with this request.
3. Send this completed form to the college(s) where you earned credit or graduated.

Student's Name: _____ Circle One: Male / Female
Lakewood College Student Number: _____ Birth Date: _____
Social Security #: _____ Phone: _____
Maiden Name (Or former name, if applicable): _____

Name of College You Previously Attended: _____
Address: _____
City: _____ State: _____ Zip: _____
Enrolled From _____ To _____ College Phone: _____

Student Signature: _____ Date: _____

- ## TO THE COLLEGE REGISTRAR
1. Please send a copy of the student's transcript showing courses taken, grades received, credits earned, and when the student earned a diploma, if any. No other information is necessary.
 2. **EXTREMELY IMPORTANT:** Please write the Lakewood College student number (listed above) on the transcript, or send a copy of this form with the transcript.
- Lakewood College
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