Records Request $5.00 per copy * Requests will not be processed without fee and required information.	Luzerne County Community College Continuing Education 1333 S. Prospect Street Nanticoke, PA 18634	Request Date:_____

Check appropriate items:

Current Student:___
Past Student:_____

Process transcript:

Immediately:_____
Hold for final grades?: Y/N

Number of transcripts requested:_____

Send records to: (Print address clearly and accurately.)

_____
_____
_____
_____

Check appropriate items:
Type of transcript: __Official____Unofficial
_____Medical Records
_____Child Abuse Record Check
_____Criminal Background Check
_____Hepatitis B Record
_____Other (please specify)
_____

PLEASE NOTE: FOR NON-CREDIT TRANSCRIPTS AND RECORDS ONLY

Current Name and Address (please print):
Mr.
Ms._____
First M.I. Last

_____
Street

_____
City State Zip

Social Security # __ -_____ - _____

Phone # ( )

Name while attending LCCC if different than above:
_____

Signature (required):_____

Office use only:

Rec'd: **Fee Paid:**
Sent: