



TRANSCRIPT/RECORDS REQUEST FORM

Please complete this form to have your Lancaster County CTC full-time program transcripts sent to an employer or school. **There is a \$5 fee for each official transcript. Cash is not be accepted.**

Note: Please specify the college that the official transcript(s) needs to be sent to. Transcripts requested to be sent to the graduate will be marked "unofficial."

First Name _____ Middle Name _____

Last name while attending LCCTC _____ Maiden _____

Program _____

Graduation Date _____

Please send my transcripts to:

Facility Name _____

Attention _____

Address _____

Phone _____

Special Instructions:

Signature: _____ Date _____

Please fill out the following information for our files if anything has changed since you graduated.

Home Address: _____

Phone Number: _____

Email Address: _____

Mail Form to: Higher Education/Adult Ed Office, Box 527, Willow Street, PA 17584 or drop the form and payment at LCCTC Willow Street Campus, 1730 Hans Herr Dr., Willow Street. Questions, call 717-464-7064 or rconway@lanasterctc.edu.