

# OFFICIAL TRANSCRIPT REQUEST

TO: OFFICE OF ADMISSIONS AND RECORDS/REGISTRAR

\_\_\_\_\_  
 Name of High School/College/University

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

FROM:

\_\_\_\_\_  
 Print Name of Student

\_\_\_\_\_  
 SS Number

\_\_\_\_\_  
 Address

(\_\_\_\_)\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Other Names Used

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Dates of Attendance

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

\_\_\_\_ I REQUEST THAT AN OFFICIAL  
 TRANSCRIPT BE **MAILED TO:**

Lewis-Clark State College  
 Office of Admission  
 500 8<sup>th</sup> Ave  
 Lewiston, ID 83501

\_\_\_\_ Charge fee to credit card listed below

\_\_\_\_ Check enclosed

\_\_\_\_ Please advise me if there is a charge  
 for this service

\_\_\_\_ I REQUEST THAT AN OFFICIAL TRANSCRIPT  
 BE **FAXED TO:**

208-792-2876  
 ATTN: Office of Admission  
 Lewis-Clark State College

\_\_\_\_ Charge fee to credit card listed below

**TO BE OFFICIAL, COVER SHEET MUST  
 INCLUDE:**

Current date, Name of Institution sending fax,  
 sender's name, fax & telephone number,  
 student's name & ID or SS#, Description of  
 faxed document, number of pages, name of institution  
 receiving fax

**CREDIT CARD:**    \_\_\_\_ Visa    \_\_\_\_ Mastercard    \_\_\_\_ Other: \_\_\_\_\_

**Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Signature of User** \_\_\_\_\_