



LAKELAND COLLEGE

MILWAUKEE CENTER

LAKELAND COLLEGE TRANSCRIPT REQUEST

Name _____

Date _____

Former Name _____ Soc. Sec. # _____

of copies requested: 1 2 3 4 _____ (other)

Address _____

When did you last attend Lakeland? _____

City _____ State _____ Zip _____

Did you graduate? Yes No

Day Phone # (_____) _____

Evening Phone # (_____) _____

MAIL TRANSCRIPT TO:

SEND TRANSCRIPT: (CHECK ONE)

- Now
- Hold for end of semester grades
- Hold for degree completion

CHARGE PER TRANSCRIPT

\$5.00 Regular (Allow 2 weeks for processing)

\$10.00 Rush Order (2-3 days)

Signature _____

ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE CLEARED

MAIL REQUESTS TO: LAKELAND COLLEGE
ATTN: REGISTRAR'S OFFICE
PO BOX 359
SHEBOYGAN, WI 53082-0359

FAX REQUESTS TO: 1-920-565-1515

AMOUNT _____

CREDIT CARD # _____

EXP DATE _____