TRANSCRIPT REQUEST

Lincoln Land Community College

Lincoln Land Community College

5250 Shepherd Road • P.O. Box 19256 • Springfield, Illinois 62794-9256 217.786.2298 • 800.727.4161 • Fax: 217.786.2492 • www.llcc.edu

Help us help you. Please print clearly.					Please Check Appropriate Option:	
Student Identification number or SS #					☐ Send transcript now (Transcripts are generally processed in 2-4 days.)	
Last Name	First	Middle	Maiden		 Send after grades for current semester are posted 	
Address					☐ Send after graduation status is posted (Allow 2-4 weeks after the end of the	
City		State	Zip		term)	
Phone					Identification is required before transcripts picked up in person can be released.	
☐ This is a new address. Please update my records and transcript accordingly.					☐ I will pick up in person	
Signature of student				☐ Transcript will be picked up by (full		
Date					name):	
	s a copy of your Drive	is <u>required</u> for name cher's License, along with yecord.				
Please provide co Please see examp	-	name and address	s. Incomple	te name or addr	ress may result in an undeliverable transcript.	
	Example of College Address: Example University Office of Admissions 1 College Road Springfield, IL 62794			Example of Personal Address: John Smith 1 Main Street Springfield, IL 62794		
1. Send transcript(s) to: (# needed)				2. Send transcript(s) to:		