



College of Lake County

Transcript Request

Print this form and MAIL TO:

Admissions and Records
 19351 West Washington Street
 Grayslake, Illinois 60030-1198

or FAX TO:

847-543-3061

E-mail requests will not be accepted.

Student Name (Please print): _____

Former or Maiden Name: _____

CLC ID # (if known): _____ **Last 4 Digits of Social Security #:** _____

Birth Date: _____ **Daytime Phone:** _____

Current Address: _____

City/State/Zip: _____

I hereby request my official academic transcript be sent to the address(es) specified below.

Signature of Student: _____ **Date:** _____

*******Required*******

Pick Up Transcript: ___ Number of Copies

Transcript(s) will be available for pickup in approximately 2 business days.

(Optional) If someone will be picking up your transcript(s) on your behalf, please indicate below:

Name of Person Picking Up Transcript(s) _____

A photo ID must be presented before transcript(s) will be released.

Mail Transcript To:

Send Transcript:

Name _____

___ **NOW**

Address _____

___ **HOLD** for semester grades

Specify semester _____

___ **Other** _____

City/St/Zip _____

___ Number of Copies

Name _____

___ **NOW**

Address _____

___ **HOLD** for semester grades

Specify semester _____

___ **Other** _____

City/St/Zip _____

___ Number of Copies