

Lex La-Ray Technical Center  
Official Transcript Request

Please mail directly to LLRTC - Health Science Annex  
817 S HWY 13



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**Student Information:**

**Program of Study:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Name used while attending (if different): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Years Attended (yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

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**Mail Transcript To:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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**Signature and Printing Instructions** - This form must be printed, completed, signed and sent with payment to LLRTC - Health Science Annex by fax or mail.

Student Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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**Optional Express Delivery**

I request domestic (**within the United States**) express delivery at a cost of \$35.00 US

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**Payment Information:**

Number of mailed documents requested: \_\_\_\_\_ x \$12.00 + [Optional Express Delivery fees (if any)] = Total:

\$ \_\_\_\_\_

My check or money order is enclosed and made payable to LLRTC

**\*Person making request must be 18 years of age; otherwise a parent/guardian's signature is required. All information above is required to obtain a transcript. There is a \$12.00 charge per document that must be paid before it can be mailed; we accept cash, check, or money order.**