

LCC Alumni Transcript Request Form

In order to ensure application deadlines, this form **MUST** be submitted two weeks prior to the application deadline. There is a \$5.00 fee for transcript requests.

(First)

(Last or Maiden)

- Email

Phone

- Today's Date

- Year of Graduation

- Name of College, Scholarship, Agency or Institution to Receive Records*

- Address of Receiver

Street Address

City

State

Zip Code

- Please make checks payable to **Lima Central Catholic** and mail \$5.00 with this form to:

Lima Central Catholic
Attn: Guidance Office
720 S. Cable Rd.
Lima, OH 45805