

LCA-HSP Transcript Request Form

To request that LCA-HSP send an official transcript to an institution, please complete this form and return it to the LCA-HSP Coordinator. Requests for transcripts should be made well in advance of the date that the transcript is needed. At minimum, please provide 7 business days. Should a recommendation letter be needed, please provide an additional week's notice.

Name of Student: _____ **Date of request:** _____

Transcripts are to be send to the following location(s):

1. Name of Institution: _____

Address: _____

Recommendation letter needed? Yes No

(Please note any specific items that should be included in the recommendation letter.)

2. Name of Institution: _____

Address: _____

Recommendation letter needed? Yes No

(Please note any specific items that should be included in the recommendation letter.)

3. Name of Institution: _____

Address: _____

Recommendation letter needed? Yes No

(Please note any specific items that should be included in the recommendation letter.)

Office Use Only: Date Transcripts Completed and Sent _____