Lincoln College of New England
Formerly Briarwood College
2279 Mount Vernon Road
Southington, CT 06489
(860) 628-4751 (800) 952-2444

Official Transcript Request Form

Student's Name and Address	Name Last First M.I. Maiden and/or other . . . . . . Address No. & Street Phone Number . . . . . . City State Zip Code
Currently enrolled Yes ☐ No ☐	Social Security No. (required)
Last date of attendance if not currently enrolled: _____	Program of Study:
Current Status at LCNE: ○ ACTIVE ○ GRADUATE ○ WITHDREW	In accordance with the Family Education Rights and Privacy Act of 1974, I authorize release of the above records. _____ **Student Signature**

Send Transcript(s) To: **PLEASE SUBMIT $10.00 FOR EACH OFFICIAL TRANSCRIPT REQUESTED (CASH OR MONEY ORDER ONLY) TO THE BUSINESS OFFICE.**	Name/Address (1) . . . . (2) . . . .

ALL PORTIONS OF THIS FORM MUST BE COMPLETED BEFORE TRANSCRIPT(S) CAN BE RELEASED.

For office use only				
Date Requested	No. of copies	Paid	Date Sent	Sent by