Lincoln College of New England
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) . . . . . . (City) (State) (Zip Code)

Currently enrolled Yes ☐ No ☐	Social Security No. (required)
Last date of attendance if not currently enrolled: _____	Program of Study:

__PART-TIME ☐ **__FULL-TIME ☐** **__COMPLETED BACHELOR'S DEGREE** **__COMPLETED ASSOCIATE'S DEGREE** **__COMPLETED CERTIFICATE PROGRAM** **__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 REMIT $5.00 FOR EACH TRANSCRIPT REQUESTED (CASH OR MONEY ORDER).	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