



Office of the Registrar – 545 Lane Avenue, Jackson, Tennessee 38301 (731) 426-7600 – email: registrar@lanecollege.edu

TRANSCRIPT REQUEST FORM

NOTE: Allow Three (3) to Five (5) Business days upon receipt of payment and request to process.

Please READ carefully before you complete your Transcript Request:

- You **MUST** complete all fields with asterisk (*) for transcript request to be processed.
- You **MUST** sign and date this form in order for us to process the request.
- For Electronic Delivery options you may place your order on www.getmytranscript.org
- For expedited service there is a \$20.00 Rush Fee; FedEx Overnight service is \$42.50 for delivery to a business and \$52.50 for delivery to a residential address. Rush service is **NOT** available if you attended prior to 1995. **ALL** Rush & FedEx orders must be received by 1pm to be processed the same day. FedEx **DOES NOT** deliver to P.O.Boxes
- The cost of an **OFFICIAL** transcript in a sealed envelope or mailed is **\$4.75**. Mississippi Industrial College transcript form is located at www.lanecollege.edu. Check or money order can be used to make payments.
- **Mail Completed Form to:** Office of the Registrar 545 Lane Avenue Jackson, TN 38301
- **All Students must be cleared of any financial obligation and holds to the college before a transcript can be released.**

Student Information: Student ID Number or Social Security Number Must be provided

* Student ID Number:	* Social Security Number:		
Student's Name: <i>(name used when enrolled at Lane College)</i>			
* Last:	* First:	* MI:	
(Other names used)			
Dates Attended: to		Year Graduated:	
<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not Currently		<input type="checkbox"/> Graduated	

Current Mailing Address:

* Street:	* City:	* State:	* Zip:
* Day time phone number:		* Email address:	
* Number of Transcripts Requested		* Transcript(s) will be	
Official:	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed		

* Where to send the transcript *(Name of the school, business, or person to receive the transcript)*

Name of school, business, or person:			
Street:	City:	State:	Zip:
Name of school, business, or person:			
Street:	City:	State:	Zip:
Name of school, business, or person:			
Street:	City:	State:	Zip:
Name of school, business, or person:			
Street:	City:	State:	Zip:

* Student Name (Please Print):			
** Student Signature:	** Date:		

Since the implementation of Section 438 of Public Law 93-380 (Family Educational Rights and Privacy Act of 1974), it has become necessary for this office to have the student's written consent in order to obtain any information concerning his or her educational training at an institution of higher learning.