

# Lincoln University



## REQUEST FOR TRANSCRIPT

### A. Student Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID: \_\_\_\_\_ Degree:  Auditor  UT  AS  BS  BA  MBA  MS  DBA

Concentration: \_\_\_\_\_ Graduation Date, if applicable (mm/dd/yy): \_\_\_\_\_

Current U.S. Mailing Address: \_\_\_\_\_  
(Number) (Street) (Apartment)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

### B. Type of Transcript:

- Official (\$ 8 per copy) \_\_\_\_\_ *Note: 5 working days*  
(Number of copies)
- Official (\$25 per copy) \_\_\_\_\_ *Note: 1 working day*  
(Number of copies)
- Student Copy (\$5 per copy) \_\_\_\_\_ *Note: 5 working days*  
(Number of copies)

### C. When should Transcripts be processed?

- Now, although some grades are missing.  
 After final grades are entered for this semester.

### D. Please choose from the following options (You can select more than one option):

- I will pick up my transcript (A **photo ID** is required).
- Fax: (\_\_\_\_\_) \_\_\_\_\_
- I want my transcript(s) to be mailed to the following address(es) via:
- Regular USPS Mail (Once shipped, the University is not responsible for the documents lost or stolen before being delivered to the designated address.)
- USPS Express Mail with Delivery Confirmation\*  UPS\*  FedEx\*  DHL\*
- Another method (Please specify: \_\_\_\_\_)\*

\*Additional charges are required.

1. \_\_\_\_\_ Number of copies \_\_\_\_\_
2. \_\_\_\_\_ Number of copies \_\_\_\_\_
3. \_\_\_\_\_ Number of copies \_\_\_\_\_

\_\_\_\_\_  
Student's Signature / Print Name

\_\_\_\_\_  
Date

### ACCOUNTING OFFICE USE ONLY

Is the student's account clear?  YES  NO If "NO", Balance: \$ \_\_\_\_\_

Transcript fee paid \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date

401 Fifteenth Street, Oakland, California 94612 Telephone (510) 628-8010 Fax (510) 628-8012