

Lincoln University

REQUEST FOR TRANSCRIPT

A. Student Information

Name: _____
(Last) (First) (Middle)

Student ID: _____ Degree: DBA MS-FM MS-IB MBA BA BS

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 (Free shipping; Once shipped, the University is not responsible for the documents lost or stolen before being delivered to the designated address.)
 - FedEx Express Mail with Delivery Confirmation (Shipping fee will be charged) *
 - Another method (Please specify: _____)

*Additional charges are required.

1. _____ Number of copies _____

2. _____ Number of copies _____

3. _____ Number of copies _____

Student's Signature

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

RO: 10/17/2018