

**THE UNIVERSITY PARTNERSHIP at
LORAIN COUNTY COMMUNITY COLLEGE**

Request and Authorization for Release of Academic Data

Please fill out completely, and return to:

University Partnership Office UC 104
1005 Abbe Road North Elyria, OH 44035-1691
Phone Number: 440-366-4949
Fax Number: 440-366-4649

Please print legibly or type

FIRST NAME MI LAST NAME

STREET ADDRESS

CITY, STATE, ZIP

Area Code/Phone Number (Home) _____ (Work) _____

Date of Birth: _____ LCCC Student Number: _____

If LCCC Student Number not available, please provide Social Security Number: _____

Email Address: _____

Name of university & program of interest:

UNIVERSITY

PROGRAM

The University Partnership at LCCC assumes no responsibility in assuring confidentiality of faxed transcripts. We will possibly be sending your transcript electronically to the main campus of your college or university

I grant the University Partnership Office permission to request official LCCC transcripts be sent to the partner university listed above

LEGAL SIGNATURE: _____ DATE _____

IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA),
TRANSCRIPTS WILL NOT BE PRINTED UNLESS COMPLETE INFORMATION AND
LEGAL SIGNATURE HAVE BEEN PROVIDED

OFFICE USE ONLY: _____

DATE ADDED TO FILE: _____

INITIALS: _____

7/30/15 Ink

Last Name

First Name

MI

LCCC Student #

To be completed by office staff