## **Linn-Benton Community College**

## Admissions & Records 6500 Pacific Blvd. SW

Albany, OR 97321 (541)917-4830 Fax: (541)917-4868

Dear Student:		Date:	
In order for us to provide you with a cop following information faxed, mailed or be Community Education Centers:	•		
Student ID Number		Date Of Birth	
Print your Name Last First		Middle	
Previous Name Used at LBCC			
Current Address			
City		State	Zip
Daytime Contact Phone Number:		· 	· · ·
Hold for: Current Term Grades □	Pendi	ng Degree $\square$	
Official: \$5.00 and \$1.00 for each additi	onal	# of copies	= \$
Unofficial: \$1.00 and \$1.00 for each additional		# of copies	
Rush Order: \$10.00 and \$1 for each add	litional	# of copies	=\$
Fax to (\$1.00 addi	tional fee	# of copies	= \$
Send transcripts to:		Order Total = \$	
You must sign your request: (We can i	not process wi	thout signature)	
Signature		Date	
Credit Card (please circle): VISA	Master Card	Discover	
Credit Card Number:	t Card Number:Expiration Date:		

If you are paying by credit card, you may call in your credit card number. If you are mailing your request, send to: Student Records at the LBCC address listed above.

Please allow 5 working days to process unless requesting a rush order. \\