

# LACKAWANNA COLLEGE OFFICE OF THE POLICE ACADEMY

## Transcript Request

About your transcript request:

\*There is a fee of \$5.00 per transcript copy.

\*This request may be faxed or emailed. The fee may be paid by credit card- please include your card type, number and expiration date with your request.

\* ALL TRANSCRIPTS REQUESTS MUST INCLUDE THE CADETS SIGNATURE.

\* A transcript will not be issued to or for a cadet who is in debt to Lackawanna College.

Name: \_\_\_\_\_ Last 4 digits of SS# or Cadet ID# \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Send Transcripts to:

Name of Institute or Person: \_\_\_\_\_

Address of Institute or Person: \_\_\_\_\_

\_\_\_\_\_

Request is for:

\_\_\_\_\_ An official transcript: (An official sealed transcript is to be present unopened to a third party. If seal is broken transcript is no longer considered official).

\_\_\_\_\_ Cadet Copy

Maiden name at Academy if applicable: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Do not write in space below:**

Office Approval: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date Transcript Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_

\*If paying by credit card please complete the form on the next page. Address/Fax Number/E-mail see next page. When completed, please submit both pages by doing the following:

Mail: Lackawanna College  
Attn: Police Academy  
501 Vine Street  
Scranton, PA 18509

Fax the form (including credit card type, number and expiration date) to: (570) 344-8029

E-mail the form to [careyd@lackawanna.edu](mailto:careyd@lackawanna.edu)

For Payment by Credit Card:

Credit Card Type (Visa/MasterCard/Discover) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

I authorize Lackawanna College Police Academy to charge the above account for my transcript fee(s).

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Authorized Signature

Date