



LINCOLN TECH®



LINCOLN COLLEGE
of New England

Transcript Request Form

Please fill out this form in its entirety and:

- Print it out, sign it, and;
- Mail it to the following address along with a check or money order for \$10.00 (per transcript) made payable to:

**Lincoln Educational Services Corporation Attn:
Transcript Release
14 Sylvan Way, Suite A, Parsippany, NJ 07054**

Last Name: _____

First Name: _____ Middle Initial: _____

Name when attended (if different from above): _____

Last four digits of your SS # (Optional): _____ Date of Birth: _____

Campus Location: _____ Grad Year (if applicable): _____

Program: _____ Year(s) Attended: _____ to _____

Your Contact Information:

Street Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone Number: _____

Email Address (if applicable): _____

I would like my transcript mailed to the following address (if different than your mailing address):

Attn: _____

Company Name/Institution Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please Indicate how you would like your item(s) mailed (please note that we **DO NOT** fax transcripts):

- Mail transcript to me Mail transcript to employer/institution (sealed envelope)

As per the Federal Educational Rights and Privacy Act (FERPA) – Public Law 93:380; I authorize the release of my records.

Signature

Date

PLEASE NOTE THAT WE ARE NO LONGER ABLE TO PROVIDE RE-PRINTS OF ANY CERTIFICATES, DIPLOMAS, OR DEGREES.