

Lawrence Memorial/Regis College (LM/RC) Transcript Request Form

All requests for transcripts must be made in writing. Transcripts will not be released if there is any outstanding indebtedness to the school, including transcript fees. There is a fee of \$10.00 per transcript. Please make checks payable to LM/RC. Failure to complete all information may result in a delay in processing.

Please print this page, fill out all information below and send with a check to:

Registrar
Lawrence Memorial/Regis College
170 Governors Ave.
Medford, Ma 02155

Program (Please specify):

- Lawrence Memorial Hospital School of Nursing
- Lawrence Memorial/Regis College Nursing Program
- Lawrence Memorial/Regis College Radiography Program
- Melrose Wakefield Hospital School of Nursing

Student Name _____

Former/Maiden Name(s) _____

Last 4 digits of your Social Security Number _____

Address _____

Phone _____ **E-mail** _____

Send transcripts to: _____

Send additional transcripts to: _____

I request that _____ number of transcript (s) be sent at \$10.00 per transcript. Enclosed is my check for \$_____.

Allow 5-7 business days for processing.

FOR OFFICE USE ONLY:

Amount paid: _____ Date: _____ Initials: _____

Transcript(s) mailed: _____ Date: _____ Initials: _____

on 4/27/2011 12:28:00 PMstaff\gerry\Transcript request April 2011.doc

\\Lmh1\son-staff\support Created