

Transcript Request Form



SUBMIT TO: Attn: LHCA Registrar
 (800) 951-3757 fax
 admissions@larockacademy.com

(Check One)

- Larock Academy Columbus:** 2780 Airport Dr Suite 150, Columbus, OH 43219
- Larock Academy Cleveland:** 7261 Engle Rd. Suite 305, Middleburg Heights, OH 44130
- Larock Academy Canton:** 4960 Higbee Ave., N.W., Suite 200, Canton, OH 44718
- Larock Academy Florence:** 16 Spiral Dr. Florence, KY 41042

FROM: _____
(Name of student) PLEASE PRINT

SUBJECT: Transcript Request *(mark one)*
 Official Transcript
 Unofficial Transcript

Please send my transcript to (address):

Student Information:

Social Security Number: _____

Name While Enrolled: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Please mark your selection:

- Regular Transcript Request (sent within 3-5 business days): \$6.00
- Expedited Transcript Request (sent within 2 business days): \$10.00

SIGNATURE:

DATE: