

# Transcript Request Form



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

(Check One)

- Larock Academy Columbus:** 833 Grandview Ave. Columbus, OH 43215
- Larock Academy Parma Heights:** 6500 Pearl Rd. #102 Parma Heights, OH 44130
- Larock Academy Canton:** 4960 Higbee Ave., N.W., Suite 200, Canton, OH 44718

FROM: \_\_\_\_\_  
(Name of student) PLEASE PRINT

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

**Please send my transcript to (address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: