

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 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):

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: