

Lewis & Clark College  
 Graduate School of Education and Counseling  
**Graduate Transcript Request Form**

**Graduate Registrar's Office**  
 615 S Palatine Hill Road, MSC 90  
 Portland, Oregon 97219-7899  
 Phone: 503-768-6030  
 Email: gradreg@lclark.edu

- Return this form to the Graduate Registrar's Office by email, mail, fax, or in person
- If your account is not clear with the Account Services Office (503-768-7829), transcripts cannot be released
- Please allow 3 – 5 business days to process this request; allow additional time during peak periods

I only attended L&C Graduate School     I also attended L&C College of Arts & Sciences     I also attended L&C Law School

**NOTE:** If you also completed law coursework with the Lewis & Clark Law School, we will forward your request to the Law Registrar's office for official transcripts. The transcripts will be sent at no additional fee.

If you also completed coursework with the College of Arts and Sciences, please order those transcripts separately through the CAS Registrar's office. Information on ordering CAS transcripts can be found at <http://college.lclark.edu/offices/registrar/transcripts/>.

Last name	First name	Middle name	
Current Address (include Apt. # if applicable)	City	State	Zip
Birth date	Maiden/Other Name(s) under which you attended	Phone number	
LC ID# or last 4 digits of SSN	Approximate dates of attendance (ex: 2004-2006)	Email address	
Student's Signature	Signature indicates permission to release transcript and to charge credit card as indicated below		Date

**ORDERING INSTRUCTIONS:**

Number of transcripts to be mailed to address above: \_\_\_\_\_ Number of transcripts to be picked up (photo ID required): \_\_\_\_\_  
 Number of transcripts to be mailed to institution(s) below: \_\_\_\_\_

<i>Electronic transcripts may be sent to the following institutions only...</i>	<input type="checkbox"/> Send an electronic transcript to TSPC <small>(Teacher Standards &amp; Practices Commission)</small>	<input type="checkbox"/> Send an electronic transcript to OBLPCT <small>(Oregon Board of Licensed Professional Counselors &amp; Therapists)</small>
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Name/Dept.	Name/Dept
Institution	Institution
Address	Address
City	City
State	State
Zip	Zip

**SPECIAL INSTRUCTIONS:**

Process after degree is posted. Degree date: \_\_\_\_\_  Process after grades are posted. Term/year: \_\_\_\_\_  
 Process after removal of Incomplete grade: Course \_\_\_\_\_ Term/Year: \_\_\_\_\_

<b>PAYMENT:</b> Transcripts are \$5 for one, \$10 for two, and \$2 for each additional transcript ordered at the same time. Make checks payable to Lewis & Clark College. <b>Payment must accompany request.</b>	
Total number of transcripts ordered: _____	Amount enclosed: \$ _____
Payment type: <input type="checkbox"/> Check <input type="checkbox"/> Visa/Mastercard	
Name on card _____	Expiration date (month/year) _____
Credit card # _____	CVV code (3 digit security code) _____