

# Lake Forest Graduate School of Management Transcript Request Form

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**Print this form and mail to:**

Registrar's Office  
1905 W. Field Court  
Lake Forest, Illinois 60045

**Or Fax to:**

847.574.5153

*There is no fee for transcript requests.*

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**Please Print or Type:**

Full Name: \_\_\_\_\_

Name (While Attending): \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**Contact Information:**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Mail Transcript To:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Purpose of Request:**

Professional Certification

Course Transfer

Employment

Other \_\_\_\_\_

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**Special Instructions:**

Number of Copies Requested \_\_\_\_\_

Please hold this request until my transcript reflects my pending degree.

Other: \_\_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Required)**