



Interinstitutional Transcript Request

Return completed form to **registrar@lionel.edu**

Student Information		
Name		DOB
Address		
City	State	ZIP
Email	<input type="checkbox"/> Current Student <input type="checkbox"/> Former Student	
Last Quarter Attended <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter Academic Year 20____		
<input type="checkbox"/> Release Immediately <input type="checkbox"/> Release After End of Quarter Grades Are Recorded		
I authorize Lionel to release my transcript to the recipient below. Student Signature		
Recipient		
Name	Email	
Address		
City	State	ZIP
Type, Delivery, Payment		
<input type="checkbox"/> Mail _____ transcript(s) <input type="checkbox"/> Email _____ transcript(s)		
<input type="checkbox"/> Standard Delivery - 10 business days (\$12.50) <input type="checkbox"/> Rush Delivery - 2 business days (\$20)		
Total		
<input type="checkbox"/> Check Payable to: Lionel University Mail to: Lionel University Office of the Registrar 1015 Mark Avenue Carpinteria CA 93013	<input type="checkbox"/> Credit Card Lionel University accepts credit card payments by phone. A representative will call you to request payment information. Please list your phone number below. Please call me at the phone number below:	
Important		
<ul style="list-style-type: none"> • Payment must be received before transcript will be issued. • All holds must be cleared before a transcript will be issued. • Grades appear on transcripts 14 days following the end of the term. 		
Office Use Only		
Date Issued	Date Charged	Processed By