

ERAS - TRANSCRIPT REQUEST FORM

Lincoln Memorial University

Office of the Registrar
Box 2002
Harrogate, TN 37752
Phone: 423-869-6313
Fax: 423-869-6387



Name: _____ Date: _____

Last 4 digits of SS# or Student ID: _____

Maiden or Other Names: _____

Date of Birth: _____ Phone: _____

Address: _____

Send 1 official transcript to:

Donna Palazzolo	_____
Extramural Educ. Coordinator	_____
DCOM	_____
_____	_____

Signature _____
(required)