



Lake Forest Graduate School of Management Transcript Request Form

Please complete and sign this form. Fax or mail completed form to:

Registrar's Office
1905 W. Field Court
Lake Forest, Illinois 60045
Fax: 847.574.5209

There is no fee for transcript requests.

Full Name (please print): _____
(Last) (First) (Middle)

Name (while attending): _____
(Last) (First) (Middle)

Social Security Number: _____ Date of Birth: _____

Dates of Attendance: _____ Graduation Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email Address: _____

Send Transcript To:

Name: _____
(Last) (First) (Middle)

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Instructions:

Number of Copies Requested: _____

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

Other: _____

Signature (required): _____

Date: _____