

REQUEST FOR COPY OF UNOFFICIAL TRANSCRIPT

Landmark College Registrar

Current and former students may obtain a copy of unofficial transcripts through <u>Self-Service</u>, or by submitting a copy of this signed form (or a signed letter containing the same information) to the Office of the Registrar.

Name:			Date of birth:	
	hile attending Landmark)		(day/mo/yr)	
Address:				
	t? Yes / No (circle or			
_	e NOT a current stude cet		ate approximate dates of	
atteriuari	(year)	(year)		
Please email a	copy of my unofficia	al transcript to:	<u> </u>	
			(email address – please print clearly!)	
STUDENT SIGI	NATURE:			
	(Student's s	ignature is required	I to release unofficial transcript)	

OPTIONS TO SUBMIT THIS REQUEST:

Complete this form, scan it and email it to: registrar@landmark.edu

OR

Complete this form and fax it to: 802-387-6400

OR

Complete and mail this form to: Landmark College

Office of the Registrar 19 River Road South Putney, VT 05346