

6500 Pacific Blvd. SW Albany, OR 97321

In order for us to provide you with a copy of your academic transcript, we will need the following information mailed, emailed or brought into the main campus or to one of the Community Education Centers:

Student ID Number		Date Of Birth	
Name			
Last	First	Middle	
Previous Name Used at LBCC			
Current Address			
Phone Number	City	State	Zip Code
Official: \$10 each		# of copies	=\$
Unofficial: \$1.00 for each		# of copies	= \$
(unofficial transcripts are not		Order Total	= \$
eligible for email)			
Send Transcript To:			
You must sign your request: (We ca	n not process witho	out signature)	
Signature		Date	
Credit Card (please circle): VISA	Master Card	Discover	
Credit Card Number:		Expiration D	ate:
If you are paying by credit card, after the credit card number to LBCC Business	_		ou may call in your
To mail your request, send to: Enrollm Albany, OR 97321.	ent, Records and C	Graduation, 6500 Pa	cific Blvd SW,
To Email your request transcripts@lin	nhantan adu		

To Email your request, transcripts@linnbenton.edu

Please allow 5 working days to process unless requesting a rush order.

LBCC Enrollment, Records and Graduation 08/06/2025