



LUTHERAN SCHOOL
of THEOLOGY at CHICAGO

Credit Card Form

1100 East 55th Street • Chicago, IL 60615 • 773-256-0700 • 773-256-0782

To expedite your transcript request, you must complete this entire form and include it with your request.
There is a \$20 minimum with credit card payments.

LSTC Account ID _____ Name _____ Phone _____

Method of Payment (Indicate One): Check (Payable to "LSTC") Credit Card (Authorize below)

CREDIT CARD MINIMUM: \$20

Credit Card Number: ---

Type: Visa Master Card Expiration date _____ Payment Amount \$ _____
MM/YR **CREDIT CARD MINIMUM: \$20**

Name of Cardholder _____

Card Billing Address _____ City _____ State _____ Zip _____

Authorized Signature _____ Date _____

THANK YOU for your prompt attention to this important matter!