

# Request for Transcript

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Degree(s) received/pursuing from LSTC: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please send \_\_\_ transcript(s) to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send \_\_\_ transcript(s) to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transcripts will not be sent if the requester has an outstanding balance at LSTC. The first copy ever requested is free; subsequent copies are \$5.00 and must accompany the request.**

ALL current students must have the approval of the Financial Aid Office before a transcript request can be processed. **Exception: Free copies will be sent to synods/scholarships, regardless of outstanding balance.**

Date received: \_\_\_\_\_ Date sent: \_\_\_\_\_ by \_\_\_\_\_

Financial Aid Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*To expedite your transcript request, you must complete this entire form and include it with your request. There is a \$20 minimum (four transcripts) with credit card payments (See form which follows if paying with credit card).*



# Transcript Request Credit Card Form

To expedite your transcript request, you must complete both the Transcript Request form and this entire form Credit Card Form and include it with your request. Please note: **There is a \$20 minimum (four transcripts) with credit card payments. Your credit card payment must clear your bank before the transcript request can be fulfilled and this process can take up to 3 business days. If paying by credit card, complete and send by FAX to 773-256-0782, Attn: Registrar.**

LSTC Account ID \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_

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

**CREDIT CARD MINIMUM: \$20**

Credit Card Number \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_      CVC Code: \_\_\_\_\_

Type:  Visa  Master Card      Expiration date \_\_\_\_\_ (MM/YR)

Payment Amount \$ \_\_\_\_\_ **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!**