



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!