

# 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.** Copies to synods/scholarships are free.

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

Business Office Approval: \_\_\_\_\_

*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).*