

## TRANSCRIPT REQUEST

1. EDUCATIONAL INSTITUTION ATTENDED					2. LCU CAMPUS ADDRESS (WHERE TO SEND TRANSCRIPT)					
NAME OF INSTITUTION					CAMPUS LOCATION					
ADDRESS					ADDRESS					
CITY					CITY					
STATE / PROVINCE	POSTAL CODE		COUNTRY		STATE / PROVINCE			POSTAL CODE	COUNTRY	
3. STUDENT INFORMAT	TO THE APPLICANT									
LAST NAME	FI				•	redit can be awarded for classes you have attended at LCU f of previous college attendance, high school graduation, or				
MAIDEN NAME (IF APPLICABLE)			YEARS ATTENDED	D BIRTHDATE (MM / DD / YYYY)			a G.E.D.  Send a copy of this form to each college you have attended to obtain your official sealed transcript. Transcripts should be sent directly to your LCU campus. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as LCU needs your official transcript within 60 days of your application. If you have not attended an accredited college or university and do not have a photocopy of your high school diploma, complete this form and send it to your high school guidance office.			
PRESENT ADDRESS			CITY							
STATE / PROVINCE POSTAL COD			DE COUNTR		RY					
STUDENT SIGNATURE		DATE								

9/12/13

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