



Life Christian University

TO GET YOUR TRANSCRIPT FROM LIFE CHRISTIAN UNIVERSITY

1. Fill in the information on the "Request for LCU Transcript Form" (Form: Stu-8)
2. Sign the form
3. Decide on which of the following processing services you require.

- For Normal Service - 3 weeks

Cost: \$5.00 fee per copy

Mail in form and payment (credit card number or check) to:

Life Christian University

P.O. Box 272360

Tampa, FL 33688

- For Expedited Service - 2 days (WITHIN THE CONTINENTAL U.S. ONLY)

Cost: \$5.00 per copy plus \$20 rush shipping fee

****Do not fill in the credit card number****

1. Fax form
2. Call with your credit card number

**LCU fax #
813-909-9730**

**LCU phone #
813-909-9720**



Life Christian University

REQUEST FOR LCU TRANSCRIPT

Date: _____ Campus Code: _____ - _____

Student Name: _____

Student ID#: _____ Email: _____

Date of Birth: _____ Last Year Attended LCU: _____

Phone Number (with Area Code): _____

I am requesting a copy of my transcript from Life Christian University.

STUDENT SIGNATURE**

DATE

Please mail my transcript to the following address:
(Please print clearly)

Organization/Contact

Mailing Address

City State Zip Code

Number of copies: _____ x \$5.00 \$ _____

Rush Shipping fee (if applicable) \$ _____

Total charges \$ _____

Payment Method: Check Visa MasterCard American Express Discover

Credit Card #: _____

Exp. Date: _____

****We cannot process your request without your signature.**