Transcript Request Form

Lumen Christi High School
8110 Jewel Lake Road Anchorage, AK 99502

Student's Name:
Please print name at the time of graduation

_____ _____
Print Full Name Signature/Permission of Student

Graduation Date: **Birth Date:**

_____ _____
Month/Day/Year Month/Day/Year

Requesting the following forms:

Quantity of Official transcripts: _____ **Quantity of Unofficial transcript**: _____

Form of delivery:

- ☐ In Person Pick-Up (official transcripts will be sealed)
- ☐ Email to Student/Parent (unofficial only). **COMPLETE #1**
- ☐ Mail Hard Copy to Home (unofficial/official transcripts will be sealed). **COMPLETE #2**
- ☐ Send directly to the College/University/Employer/ Military admissions office. **COMPLETE #3**

1. **Provide your email address for email delivery option (unofficial only):**

_____

2. **Provide your address for mail delivery option:**

_____
_____

3. **Institution information sending transcript to: PROVIDE EMAIL ADDRESS or MAIL ADDRESS**

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Requesting Transcript on behalf of a student:

Requestor Information
Name: _____
Email: _____
Number: _____
Affiliation to Student: _____

---------- OFFICIAL USE ONLY ----------

Date received: _____	Date processed and delivered: _____