

REQUEST FOR TRANSCRIPTS

First Name: _____ Last Name: _____

Date of Birth: _____ Graduation Year: _____

College/University to Send Transcript To: _____

Address Where Transcript is to be Sent: _____

Include Test Scores?: Yes _____ No _____

Test Type (ACT, SAT) and Date of Testing (if known): _____

Signature: _____ Date: _____

**SEND REQUESTS TO:
LANSING CHRISTIAN SCHOOL
ATTN: DIRECTOR OF STUDENT LIFE
3405 BELLE CHASE WAY
LANSING, MI 48911
FAX: 517-272-9567**

PLEASE ATTACH ANY OTHER ITEMS TO BE SENT TO THIS FORM

TRANSCRIPTS WILL BE SENT WITHIN ONE WEEK OF RECEIVING THE REQUEST

Office Use Only

Date Received: _____ Date Sent: _____ Initials: _____