

REQUEST FOR OFFICIAL TRANSCRIPT

College _____ Date _____

Name used when attending the institution listed above:

Name _____
Last First Middle Maiden

Address _____ Soc. Sec. No. _____

_____ Birth Date _____

Home Phone [_____] _____ Work Phone [_____] _____

Number of Official Copies Requested _____ Number of Student Copies Requested _____

**Please mail transcript(s) to: Lubbock Christian University
Department of Organizational Management
5601 19th Street
Room 209
Lubbock, TX 79407-2099**

A check for \$ _____ is enclosed to cover transcript fees.

Applicant's Signature _____