

TRANSCRIPT REQUEST – Lutheran High School of St. Charles County

Transcripts are official documents that are signed and sealed by the School Official. Transcripts include grades, credits and test scores (ACT and SAT). Completion of this form is required to release a transcript.

Name of Student: _____
First Middle Last (maiden name)

Date of Birth: _____ Graduation / Withdrawal Date (circle one): _____

Mark all that Apply

- _____ I will pick up my transcript(s)
- _____ I give permission for my parent to pick up transcript(s) Parent Name _____
- _____ Mail my transcript(s) to the following institution(s). MAILED TRANSCRIPTS ARE OFFICIAL.

Please PRINT, if sending to more than two colleges use back side of page and include all the information below.

1. I applied to the school by (circle one): paper online common app SENDEdu

Name of School: _____

Address: _____

City, State, Zip: _____

Check if additional material is to be sent with transcript:

_____ Counselor/Teacher Recommendation, Name of teacher: _____

_____ Other, please specify: _____

2. I applied to the school by (circle one): paper online common app SENDEdu

Name of School: _____

Address: _____

City, State, Zip: _____

Check if additional material is to be sent with transcript:

_____ Counselor/Teacher Recommendation, Name of teacher: _____

_____ Other, please specify: _____

Student Signature _____ Phone # _____ Parent Signature _____

Today's Date _____

(Parent signature is required if student is less than 18 years of age). All requests will be processed within 3 – 5 business days.

Please make sure that all tuition & fees are current. To expedite your request, please make sure all of your information is accurate.

Office Use Only: Date Mailed _____ Initials _____ PowerSchool _____
