



STUDENT TRANSCRIPT REQUEST

Request forms may be turned in to the registration office, room 103 or by email to registration@lovelandclassical.org. Allow at least one week to process.

Student Name: _____

Date of Birth: _____

Email Address: _____

Date Requested: _____

DEADLINE: _____

Type of Transcript:

- Hard Copy of Official Transcript (Sealed and Signed)
- Digital Copy of Official Transcript (Sealed and Signed)

Recipient Information: (Where the transcript should be sent. Please Select One.)

- I will be sending my transcript myself.
- LCS will be receiving an official request via commonapp.org. (Includes universities, common applications - *Common Application requests go to counselor*)
- Email my Official Transcript to: _____
- Fax my Official Transcript to: _____
- Mail my Official Transcript to: _____

Name of Institution: _____

Person &/or Department: _____

Address: _____

Additional Instructions:

Student Signature: _____ **Date:** _____

School Signature (once completed): _____ *Date:* _____