



Request for Transcript

Name: _____ Signature: _____

Address: _____

Phone: _____ Date: _____

Degree(s) received/pursuing from LSTC: _____ Date: _____

_____ Date: _____

Please send ___ transcript(s) to:

Please send ___ transcript(s) to:

Transcripts will not be sent if the requester has an outstanding balance at LSTC.
The first copy ever requested is free; **subsequent copies are \$5.00 and must accompany the request.** Copies to synods/scholarships are free.

Date received: _____ Date sent: _____ by _____

Business Office Approval: _____

To expedite your transcript request, you must complete this entire form and include it with your request. There is a \$20 minimum(four transcripts) with credit card payments (See form which follows if paying with credit card).



Transcript Request Credit Card Form

To expedite your transcript request, you must complete both the Transcript Request form and this entire form Credit Card Form and include it with your request. Please note: **There is a \$20 minimum (four transcripts) with credit card payments. Your credit card payment must clear your bank before the transcript request can be fulfilled and this process can take up to 3 business days. If paying by credit card, complete and send by FAX to 773-256-0782, Attn: Registrar.**

LSTC Account ID _____ Name _____

Phone _____

Method of Payment (Indicate One): Check (Payable to "LSTC") Credit Card (Authorize below)

CREDIT CARD MINIMUM: \$20

Credit Card Number _____ - _____ - _____ - _____

Type: Visa Master Card Expiration date _____ (MM/YR)

Payment Amount \$ _____ **CREDIT CARD MINIMUM: \$20**

Name of Cardholder _____

Card Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____

Date _____

THANK YOU for your prompt attention to this important matter!