

# TRANSCRIPT REQUEST FORM

To request an official transcript of all courses you have previously completed with **LOGOS Christian College and Graduate Schools**, please fax to 904-527-3581 **ONLY** if paying by credit card; or include a check or money order payable to **LOGOS Christian College** and mail to:

**LCC&GS Attn: Registrar**

6620 Southpoint Drive South Suite #302

Jacksonville, FL 32216

Phone: (800) 776-0127 Fax: (904) 527-3581

A receipt for your payment will be mailed to your address below. Should you have questions, please call **(800) 776-0127**.

*Note: All financial obligations must be met before transcript(s) will be released. The cost for each official transcript is \$8.00. Most colleges, universities or employers prefer an official or original transcript to be mailed directly to them. Please include a contact name or department when requesting a transcript.*

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I./Maiden Name: \_\_\_\_\_

Former Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Phone: \_\_\_\_\_ Current Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Would you like a transcript sent directly to you?**      Yes                      No

### Send Transcript to: (If different from above address)

Name of Institution: \_\_\_\_\_ Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Fill out only if requesting more than one transcript)

Name of Institution: \_\_\_\_\_ Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Signature (REQUIRED):** \_\_\_\_\_ Date: \_\_\_\_\_

### Method of Payment:

No. Of Transcripts: \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_

Account No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_ V: Code: \_\_\_\_\_ (back of card)