



LOGOS Christian College & Graduate Schools

Request for Transcript to LOGOS

To the Registrar or Principal:

I have applied to **LOGOS Christian College & Graduate Schools**. Please send an official copy of my:

College Transcript____ High School Transcript____

To:

LOGOS Christian College & Graduate Schools

Registrar

6620 Southpoint Drive South

Suite #302

Jacksonville, FL 32216

I hereby give full permission for a copy of my Official transcript to be released to **LOGOS**.

Student's Signature: X_____

Print Students Name: X_____

Current Phone: _____

Personal Data (Student to complete information below)

Last Name _____ First _____ M.I./Maiden Name (Circle one) _____

Street _____

City _____ State _____ ZIP _____

Student's Name at time of enrollment if different from above. _____

Social Security Number _____ Birth Date _____

Last Term Attended _____ Graduation Date _____

6620 Southpoint Drive South Suite #302
Jacksonville, FL 32216
Office: **(800) 776-0127** Fax: **(904) 527-3581**
E-mail: LCC.Registrar@Logos.edu Web: www.LOGOS.edu