

# 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 904-743-8866 **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  
9000 Regency Square Blvd.  
Jacksonville, FL 32211**

A receipt for your payment will be mailed to your address below.

Should you have questions, please call 904-745-3311 Ext. 103

*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: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ 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 Address: \_\_\_\_\_

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

(Fill out only if requesting more than one transcript)

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

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

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)