

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
190 S. Roscoe Blvd.
Ponte Vedra Beach, FL 32082
Phone: (904) 273-4452 Fax: (904) 273-4453

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

Should you have questions, please call **(904) 273-4452**.

***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)