

Lincoln Memorial University

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Transcript Request

Official Transcripts are \$4.00 each
Transcripts cannot be faxed.

Name: _____

Date: _____

Student ID: _____

Phone: _____

Maiden or other names: _____

Date of Birth: _____

Dates of Enrollment: (Check all that apply)

1964 to 1980 _____

1980 to Summer 2004 _____

Fall 2004 to Present _____

Address: _____

Select type of Transcript (Check all that apply)

Undergrad _____

Grad: MBA, MED, EDS _____

Prof: EDD, JD, or DO _____

Mail transcript: (Check all that apply)

Immediately _____

After current grades are available _____

After degree is posted _____

After Grade Change _____
(specify course)

Accounts must be paid in full prior to the release of any transcripts. If you received a loan through LMU and are past due, transcripts cannot be released.

Print/type **legibly** the complete name(s) & address(s) of the person/institution(s) you wish to receive transcripts.

_____ Number of transcripts to be picked-up.

Send _____ transcripts(s) to the address below.
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If you are faxing the request, provide Credit Card # _____ Exp Date: _____

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Cash _____

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Charged to credit card _____

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Rev: 03/13