

LEGACY

CHRISTIAN UNIVERSITY



Request for Transcript

Note to Applicant: This form has been provided for your convenience in requesting your transcript. Deliver or send the completed form directly to your high school guidance counselor or college/university registrar's office.

The Family Educational Rights and Privacy Act of 1974 and subsequent legislation require that permission be granted for the release of academic records by schools. Therefore, it is necessary for you to request that your transcript be sent to our office.

Please complete and sign this form and submit it to the appropriate official of your high school or college/university.

Name of High School or
College/University

Street Address

City/State/ZIP

Semester and Year last attended	
Social Security Number	
Date of Birth	
Maiden Name	

Dear Counselor/Registrar:

I, _____, request that you send an official copy of my transcript to:

Admissions Office
Legacy Christian University
6806 Whitesburg Drive
Huntsville, AL 35802-2299

If there is a fee involved, or if a problem occurs, please contact me at the following address:

Student's Name

Street Address

City/State/ZIP

Student's Signature _____ Date _____