Luther Rice University

Transcript Request Form

PLEASE COMPLETE A SEPARATE REQUEST FORM FOR EACH TRANSCRIPT COPY THAT YOU

WANT. No transcript of a student's record will be issued until all financial obligations to the University have been satisfied. There is a \$5.00 transcript fee for each transcript requested.

Student Information (Please Print):		
Student ID or Social Security Number:		_
Name:		
Name:	Middle Initial Maiden	_
Address: Street Address City		
	State	Zip
Phone Number:		
Request Mailed to: Name of Institution or Recipient		_
Street Address		
	Zip	
☐ Mail to student (at address listed in Student Information)		
Type of Request:		
	Eller Weigh	
☐ Official (must be delivered in a sealed envelop to be official)	□Unofficial	
Number of copies		
Reason for Request:		
		_
Payment Method:		
☐ Credit Card Number:	Expiration Date:	
(Discover, Mastercard, or Visa of	only)	
□ Check		
Mail to: Luther Rice University		
3038 Evans Mill Road Lithonia, Georgia 30038		
770-484-1204		
Select the appropriate item:		
□ Now	☐ After Current Term Grades P	osted
☐ After Grade Change in Following Course	☐ After Degree Conferred	

THREE DAY (MINIMUM) TURNAROUND FOR TRANSCRIPT REQUESTS*

(*Please note during peak seasons, registration and graduation, transcript requests and letter of certification requests will take a minimum of 5-10 business days.)