Lighthouse Christian School
Records Office
5100 Blue Hole Road
Antioch TN 37013

Phone: (615) 331-6286
Fax: (615) 331-2491

REQUEST FOR TRANSCRIPT

Type of Request: _____ Official ____ Unofficial Date of request:_____

Full Name _____
First Middle Last Maiden

Current Address _____
Street Apt

_____
City State Zip Code

Birthday _____ SSN# _____
Month Day Year

Phone Number ( ) _____

When Attended or Graduated _____

INSTRUCTIONS TO THE STUDENT

1. A separate transcript request must be completed for each transcript to be delivered to a different recipient.
2. All outstanding financial obligations to the school must be current or cleared before a transcript may be issued.

MAIL TRANSCRIPT TO:

Name _____

Address _____

City _____ State _____ Zip _____

Attention _____

FAX TRANSCRIPT TO: _____

WILL PICK UP TRANSCRIPT ON: _____

Office Use Only

☐ **OK TO RELEASE** ☐ **DO NOT RELEASE** **Date** _____