

Lincoln Memorial University

Office of the Registrar
Box 2002
Harrogate, TN 37752
Phone : 423-869-6313 Fax: 423-869-6387

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

Undergrad _____

Grad: MBA, MED, EDS _____

Grad & Undergrad _____

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.
(number of copies)

Send _____ transcripts(s) to the address below.
(number of copies)

Official transcripts are \$4.00 per copy

Transcripts cannot be faxed.

Signature

(required)

If you are faxing the request, provide Credit Card # _____ Exp Date: _____

For Office Use Only:

Amount Pd:

_____ Cash

_____ Check#

_____ Charged to credit card

Date mailed: _____

Date picked-up: _____