

Lincoln Memorial University

Office of the Registrar
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Transcript Request
Official Transcripts are \$4.00 each
**Transcripts cannot be faxed
or sent electronically.**

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, MMS, MPA _____

MS, MSN, EDS _____

Prof: DBA, DMS, DNP, DO _____

DVM, EDD, JD, PHD _____

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

_____ Number of transcripts to be picked-up in office.

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

_____ Official _____ Unofficial (No charge)

(Please list company/institution/recipient name and address)

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If you email/fax the request, provide Credit Card # : _____ Exp Date: _____

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Amount Pd:

_____ Cash

_____ Check#

_____ Charged to credit card

Date mailed: _____

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