



**Alumni**

**Lutheran High School**  
*Transcript Request Form*

<b><u>Office Use Only</u></b>
Date Received: _____
Date Sent: _____

**Allow 7-10 business days for processing. Lack of planning on your part, does not make it an emergency for the registrar. Transcripts needed on short notice will be charged \$7 each. Please email all requests to jillian.lietzau@lhsparker.org**

**DIRECTIONS:** Please neatly print all information. Complete the form and turn it in to the Registrar.

1. Alumni Name: \_\_\_\_\_

(Last)                                      (First)                                      (Maiden Name)

Alumni address: \_\_\_\_\_

Phone: \_\_\_\_\_                                      Graduation year: \_\_\_\_\_

Campus (circle one):    Denver    Parker    North

**First-year alumni are processed FREE. All other alumni send \$7 check/credit charge for each transcript.**

2. **Name of School(s) or Organization(s) Receiving the Transcript:**

**Include: complete address, City, State, Zip**

(You may write more addresses on the back of this form.)

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

(or email) \_\_\_\_\_

**Check here if there are more addresses on the back**

3. "I realize that it is my responsibility to have completed all forms accurately and punctually. I also realize that if I have omitted something or incorrectly marked a form that the transcript process will be delayed."

\_\_\_\_\_  
(student signature)

\_\_\_\_\_  
(date request handed in)



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Payment Page

Office Use Only

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

First-year alumni are processed FREE. All other alumni send \$7 check/credit charge for each transcript. Allow 7-10 business days for processing. Transcripts will be processed once payment is received.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Payment Method (circle one):      Cash              Check              Credit Card

For **credit card payment** please complete the following and send this page in along with your transcript request form. *(Please Print)*

**Billing Address for card:**

Street/PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Credit Card Info:**

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC: \_\_\_\_\_  
(3 digit code on back of card)

**Email address** (if you wish to receive a receipt. Credit Card transactions only)

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_