Lincoln Christian University
100 Campus View Drive
Lincoln, IL 62656

p: 217-732-3168
e: registrar@lincolnchristian.edu

Transcript Request

Last Name:_____ First Name:_____ M.I.:_____

SSN (xxx-xx-xxxx):_____ Enrolled Name (if different):_____

Birthdate (mm-dd-yyyy):_____

____Will Pick Up

Approx Dates of Attendance
(if before 1995 electronic transcript typically not available): _____

Hold for
____Final Grades

____Send Now

Street Address:
_____
_____

City:_____ ST:_____ Zip Code(xxxxx-xxxx):_____

Country (if not USA):_____

Email:_____ Telephone (xxx-xxx-xxxx):_____

Send my transcript(s) to the following address(s):
Email address required if sending electronically and the destination is not on this list.

Destination 1
Send(___)copies electronically
Send(___)copies by mail/pickup

Attention:_____
Organization:_____
Address:_____
City:_____
ST:_____Zip:_____

Destination 2
Send(___)copies electronically
Send(___)copies by mail/pickup

Attention:_____
Organization:_____
Address:_____
City:_____
ST:_____Zip:_____

Destination 3
Send(___)copies electronically
Send(___)copies by mail/pickup

Attention:_____
Organization:_____
Address:_____
City:_____
ST:_____Zip:_____

Additional Comments:

Note: If transcript is sent electronically to the student or alum, it will be marked “Issued to Student.”

_____ _____
Signature Date

After completeling this form, please be sure to sign and date it and include your check before mailing.