

REQUEST FOR ACADEMIC TRANSCRIPT

DATE

LEXINGTON CHRISTIAN ACADEMY

REGISTRAR'S OFFICE

450 W. REYNOLDS RD

LEXINGTON, KY 40503

LAST NAME

FIRST

MIDDLE

MAIDEN

ADDRESS

CITY

STATE

ZIP CODE

()

PHONE

MAIL TRANSCRIPT TO:

HOLD FOR PICKUP (allow 24 hours)

SOCIAL SECURITY NUMBER

A \$1 fee per transcript must accompany this request.

CURRENTLY ENROLLED AT LCA?

YES

NO

GRADUATION YEAR

NUMBER OF COPIES

SEND TRANSCRIPT IMMEDIATELY

SEND AT END OF CURRENT TERM

SEND AFTER DEGREE POSTED

SIGNATURE _____

Per the Family Educational Rights and Privacy Acts of 1974: The student or either parent may sign if the student is 17 years or younger. The student **MUST** sign if he/she is 18 years or older.
