

Office of the Registrar 820 Chestnut Street, B4 Young Hall Jefferson City, MO 65101

Phone: (573) 681-5011 Fax: (573) 681-5013 records@lincolnu.edu

OFFICIAL TRANSCRIPT REQUEST FORM

COST: Payment of the \$5.00 processing fee is required prior to the release of all transcripts. Transcripts cannot be provided if you have a financial hold with the university. Payments by phone can be made to the Cashiers Office at (573) 681-5054 or 5055.

PRIVACY: Student records are confidential and transcripts are issued only at the written request of the student. Transcripts will not be released without your signature below. Requests delivered by anyone other than the student will not be accepted. Telephone requests are not accepted.

<u>TRANSCRIPTS FROM OTHER SCHOOLS</u>: Lincoln University is unable to release transcripts received from other colleges or universities. Additional copies must be obtained directly from the issuing institution.

<u>TRANSCRIPTS ISSUED TO STUDENT</u>: If a transcript is issued or mailed to a student, the words "Issued to Student" will appear on the transcript.

Receipt Number	Amount Paid \$		Number of transcripts requested	
Name				
LAST	FIRST	M	MIDDLE	
Other Last Names if Different from A	.bove			
Current Address				
City	State	Zip Code	Telephone	
		Date of Birth		
Dates of Attendance at LU:	vq Hi	gh School Dual Credi	lit Student: Yes	No
Send Now (\$5 per copy, processed in 1-3 be Hold until end of term (\$5 per copy) Will pick up (\$5 per copy, ready in 1-3 bus		I authorizeto pick up my tra	ranscript in a sealed of	envelope.
I understand that my official transcript will prevent release of my transcript.	Il be delivered via the meth	nod selected above and	that any holds current	tly on my record will
STUDENT SIGNATURE	(REQUIRED)	DAT	ГЕ	
RECIPIENT ADDRESSES				