



Transcript Request Form

Land O' Lakes Christian School
5105 School Road - Land O' Lakes, FL 34638 - (813) 995-9040

Date of Request: _____ Graduation Date (approx.) or
Date Last Attended (MM/YY): _____

Date of Birth: _____

Student's Name: _____
First Middle Last

Student Address: _____
Address

City State Zip

Student Email: _____ Phone: _____

➤ How would you like the transcript delivered? (see options below)

_____	Mail Transcript to: _____ Name (i.e., college name) _____ Address _____ City State Zip
_____	Fax Transcript to: _____ Name Fax #
_____	Email Transcript to: _____ Email address

Purpose: _____ College _____ Employment _____ Scholarship
_____ Transfer _____ Personal _____ Other

Student Signature: _____

<i>For Office Use Only</i>	
Transcript sent by: _____	Date sent: _____