

Applicant: Please photocopy this form, complete it (including signature), and send it to your high school and to each college, university, seminary, or institutions of higher learning you have attended.

Official Transcript Request

To: **Office of Admissions**

Name of High School, College, or Seminary

City State Zip

Please forward one (1) official copy of my transcript to:

Office of Admissions
Luther Rice College and Seminary
3038 Evans Mill Road
Lithonia, GA 30038

Student's name _____

Maiden or previous name(s) _____

Social Security Number _____

Branch or campus attended _____

Date first attended _____ Date last attended _____

Degree(s) Received _____

Enclosed is \$ _____ for cost of transcript.

Signature of Student Date

Street Address

City State Zip

Luther Rice College and Seminary * Office of Admissions
3038 Evans Mill Road * Lithonia, GA 30038 * 1-800-442-1577