



Transcript Request Form

LUTHERAN HIGH SCHOOL

Student's Name _____ Maiden _____

Date of Birth ____/____/____ Year of Graduation _____

Please send a transcript to the following (include both address and name):

1. School/ Company _____
Street Address _____
City _____ State _____ Zip Code _____
2. School/ Company _____
Street Address _____
City _____ State _____ Zip Code _____
3. School/ Company _____
Street Address _____
City _____ State _____ Zip Code _____

For a transcript to remain official, it must be sent directly to the school or business. Transcripts sent or given to a student are unofficial. Transcripts include semester grades, ACT/SAT scores, graduation date, and cumulative GPA. Please enclose a \$3.00 check or money order made payable to MELHS if you are not a current student.

I grant permission for Metro-East Lutheran High School to release my official transcript.

Signature _____ Date ____/____/____

Telephone Number (____) ____ - ____ or (____) ____ - ____

Please return form to:

Metro-East Lutheran High School
6305 Center Grove Rd
Edwardsville, IL 62025

Official Use Only

Date Received ____/____/____

Date Sent ____/____/____

Fee Paid \$ _____