

## Transcript Request Form

Name:	First	Middle
Student ID#	Last Four Digits of SSN:	Birth date:
Send transcripts to:  Send transcripts to:		to:
Number of copies:	Number of copies: _	
Expedited Shipping* (optional)	Expedited Shippin	g*(optional)
Official transcript(s)	Official transcript	(s)
Unofficial transcript(s)	Unofficial transcri	pt(s)
Required Student Signature for Relea	ase of Transcripts-	
Student's Signature:		Date:
By signing this form you authorize the LU Registr	rar's Office to send your transcript(s) to the designated	l person(s) or organization(s) listed above.
Please check here if you serve/ser	ved in the U.S. Military	
This policy does not apply to military spous	members (active duty, discharged, retired, etc.). es or dependents. ent must provide payment to cover the Expedited	
Payment Information:		
applies to electronic, official transcrip *Expedited Shipping - Additional fe	ots, as well as hard copies of transcripts).	n to the transcript fee. USA Street addresses
Pay by credit card:		
Credit Card #:	Expiration Da	te:Billing zip code:
~We also accept paym If you prefer to pay over the pho	nent by check, money order or cash if you ne with a credit card, you may call our office a	mail your request to our office.~ at (434) 582-2000 or toll free (888) 632-5551.

Fax: (434) 582-2187 Email: LUTranscripts@Liberty.edu

**Submit Completed Form To:** 

Registrar's Office 1971 University Blvd, MSC Box 710177 Lynchburg, VA 24515

Please be sure to sign the form above before submitting it.