

TRANSCRIPT REQUEST FORM

Student's _____
Full Name Last First M.I.
and _____
Address Maiden Name
_____ Address
_____ City State Zip

Signature _____ Date _____
Phone Number _____

Year of Graduation or last year attended _____
Number of Transcripts to be sent _____

SEND TRANSCRIPT TO: (Complete name & address)



Association Free Lutheran
Bible School
3134 E. Medicine Lake Blvd
Plymouth, MN 55441
(763)544-9501

**A fee of \$5.00 per copy is required.
Make checks payable to AFLBS**

Mailing instructions (check one):

- send immediately to address at left
- send after ___ Semester grades are recorded
- send after graduation

OFFICE USE ONLY

- Transcript Fee Paid \$5.00
- Business Office Authorization _____
- Do Not Release
- Amount Due \$ _____
- Date Requested _____
- Date Transcript issued _____

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