

Transcript Request Form

Student's Name _____
(Last) (First) (MI)
Maiden Name _____
Address _____
City _____ State _____ Zip _____
Signature _____ Date ____/____/____
Phone _____ Email _____
Year of Graduation or Last Year Attended _____

SEND TRANSCRIPTS TO: # of Transcripts _____
Admissions Counselor _____
Institution Name _____
Address _____
City _____ State _____ Zip _____

Association Free Lutheran Bible School

3134 E Medicine Lake Boulevard
Plymouth, MN 55441
763-544-9501 ~ aflbs@aflc.org



A fee of \$5.00 per copy is required.

Please make CHECKS payable to AFLBS.

Mailing Instructions (check one)

____ Send immediately to address on left.

____ Send after _____ (date)

OFFICE USE ONLY

Date Rec'd _____

Transcript Fee PAID _____

Business Office Authorization _____

Account Balance Due _____

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