



# LAMP

LEADERSHIP AND MINISTRY PREPARATION

## Transcript Request Form

*Please complete the following information and return this form to the Registrar's office.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To the Registrar or Guidance Officer at:

\_\_\_\_\_  
*Name of High School, College or Graduate School*

Please forward an official copy of my academic record to:

**LAMP Training International**

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

Please inform me if you cannot release my transcripts.

\_\_\_\_\_  
*Requestor's Signature*

\_\_\_\_\_  
*Name Listed on Transcript (first/middle/last)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

(\_\_\_\_)\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*DOB*

\_\_\_\_\_  
*Date of Graduation (or years of attendance)*