



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)