

For Office Use Only:
Approved – Director of Finance
Payment Received



LUCAS CHRISTIAN ACADEMY TRANSCRIPT REQUEST

505 W. Lucas Road
Lucas, Texas 75002

Transcripts will not be issued for students with outstanding financial obligations.

Legal Name: _____
Last First Middle Initial

Telephone: _____ Birth Date: _____ Graduation Year: _____

Today's Date: _____ **Deadline Date** _____ ((if applicable): _____)

(postmark or received by) _____

Please allow for 3 business days to process request.

Please check specific transcript requested:

_____ Official Transcript (\$5/per transcript)
_____ Unofficial Transcript for personal use (no charge)

Please check service desired:

_____ Mail to:
_____ College Name
_____ Address
_____ City State Zip
_____ Hold for Pick-Up (official copy)
_____ Personal Copy Held for Pick-Up (Unofficial, no charge)

Parent Signature (if student is 18 or under)

Student Signature (if student is over 18)