



LUCAS CHRISTIAN ACADEMY TRANSCRIPT REQUEST

505 W. Lucas Road Lucas, Texas 75002

Transcript fee: \$10

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): _____)

Please allow for 3 business days to process request.

Please check specific transcript requested:

_____ Official Transcript

_____ Unofficial Transcript for personal use

Please check service desired:

_____ Mail to:

_____ College Name

_____ Address

_____ City State Zip

_____ Please send electronically, if possible

_____ Personal Copy Held for Pick-Up (please be mindful of office hours)

Parent Signature (if student is 18 or under)

Student Signature (if student is over 18)