

Lutheran Theological Southern Seminary

4201 N. Main Street
Columbia, South Carolina 29203

Transcript Request Form

Send to: Office of the Registrar (address above) or FAX 803-461-3285

Note: The Family Educational Rights and Privacy Act of 1974 prohibits release of grades without the student's written consent. **The student's signature is required to authorize the release of transcript.**

Full Name: _____

Full Name at time of attendance (if different): _____

SSN _____ Year(s) attended _____ Degree(s) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

of transcripts requested: _____ Payment enclosed: \$ _____
(\$10 per transcript; check payable to LTSS; no fee for currently enrolled students)

Address to which transcript should be sent:

Other _____

Signature

Date

Office Use only Completed by _____ Date _____ Payment _____