



# Lancaster Theological Seminary

## TRANSCRIPT REQUEST GRADUATION PROGRESS WORKSHEET REQUEST ADDRESS CHANGE

[Please print clearly or type]

Student's Name

Current Date

**TRANSCRIPT REQUEST** - [Please allow 5 days for processing.] Registered students may receive one (1) Transcript per semester at no cost; subsequent transcripts at \$10.00.

Deliver to Campus Mailbox OR  Mail to [provide complete Name, address & zip code]

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**Signature of Student** (required for release of transcript)

**GRADUATION PROGRESS WORKSHEET REQUEST and STUDENT COPY OF TRANSCRIPT - Needed for CMR** [Please allow 5 days for processing.]

Deliver to Campus Mailbox

Deliver to student's home address

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**CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER**      **Effective Date of Change**

New Address, including zip code

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New Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_