

# TRANSCRIPT RELEASE FORM-CURRENT STUDENT

CURRENT NAME: \_\_\_\_\_

NAME AT TIME OF GRADUATION: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

YEAR OF GRADUATION OR WITHDRAWAL: \_\_\_\_\_

## TRANSCRIPT SHOULD BE SENT TO:

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Please release my transcript to the above-mentioned name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SAINT LUKE'S COLLEGE**  
**8320 Ward Parkway, Suite 300**  
**Kansas City, Missouri 64114**  
**Phone: 816-932-2073 Fax: 816-932-9064**  
**slc-admissions@saint-lukes.org**