

# TRANSCRIPT RELEASE FORM-PAST STUDENT

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

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

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

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

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

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

YEAR OF GRADUATION OR WITHDRAWL: \_\_\_\_\_

## TRANSCRIPT SHOULD BE SENT TO:

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

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

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

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

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

Please release my transcript to the above-mentioned name. I realize that a **\$5.00 fee** must be received before my transcript request is processed. Please make check payable to Saint Luke's College or complete the credit card information below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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- Bank Card:     Master Card  
                   Visa  
                   Discover  
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CARDHOLDER NAME

\_\_\_\_\_  
BANKCARD ACCOUNT NUMBER

\$ \_\_\_\_\_  
AMOUNT TO BE CHARGED

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
EXPIRATION DATE

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