



Transcript Request Form

To request an official transcript of all courses you have previously registered with Logos Christian University, please complete this (include your signature), and mail it to Logos Christian University, attn: Registrar, Transcript Request 1603 Minerva Ave., Jacksonville, FL 32207. If paying by credit card, you may fax this form to (904) 398-3706. Otherwise, please include a check or money order payable to Logos Christian University and send to the above address.

***Note:** All financial obligations must be met before transcript(s) will be released. The cost for each official transcript is \$25.00. Most colleges, universities or employers prefer an official or original transcript to be mailed directly to them. Please include a contact name or department when requesting a transcript.*

Student Information

Last Name: _____ First Name: _____ M.I: _____

Former Name: _____ S.S. #: _____

Date(s) of Attendance: _____ Date of Birth: _____ Degree Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Would you like a transcript sent directly to you?

Yes No

Send Transcript to: (If different from above address)

Name of Institution: _____ Attn: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

(Fill out only if requesting more than one transcript)

Name of Institution: _____ Attn: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ **Date:** _____

Method of Payments

No. Of Transcripts: _____ Cash \$: _____ Check \$: _____ Credit Card \$: _____

Account No: _____ Exp. Date: _____

Credit Card Signature: _____