TRANSCRIPT REQUEST FORM

Please adhere to the following Transcript Request Policies:

1. All financial obligations to Livingstone College must be met before transcripts are released/mailed.
3. Transcript requests are processed on a first come, first serve basis. Mail release to address above or fax to 704 216-6284.
4. Please allow 1-3 business days for processing; 3-4 business days during peak periods. (Peak periods are August 15-August 31; December 5-15; January 5-15; May 1-10)
5. Students of the Graduate School must request transcript from Hood Theological Seminary- Office of the Registrar.
6. A picture ID is required when picking up a transcript.
7. All transcript requests must be in writing with signature of student – no email or telephone requests.

Please print all that apply:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID# (if applicable):</td>
<td>SSN (last four digits):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP CODE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE:</th>
<th>ALTERNATE NUMBER:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>EMAIL ADDRESS:</th>
</tr>
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</table>

Please list other names used (if applicable):

<table>
<thead>
<tr>
<th>NAME:</th>
</tr>
</thead>
</table>

Currently enrolled: ___Yes ___No

Please send after posting: ___Fall Final grades ___Spring Final grades ___Summer Final grades

Deadline date:

Will pick up

Send now

Hold for Degree Notation

Method of Payment

- o Credit Card (please complete Credit Card Authorization Form)
- o Money Order
- o Personal Check

Type Transcript Needed/Number of Copy/ies:

- o Official ___ copy/ies
- o Unofficial ___ copy/ies

Receipt #:

Amount of Payment:

Release/Mail Official Transcript to:

Name/Organization:

Address:

City:

State:

Zip Code:

Number of copies to this address:

Release/Mail Official Transcript to:

Name/Organization:

Address:

City:

State:

Zip Code:

Number of copies to this address:

I authorize Livingstone College to release this information (transcript). I certify this is my true signature.

___________________________________ ____________________  Date:________________________

FOR OFFICE USE ONLY

Date Request Received:

Processed by:

Date Payment/Receipt Received:

Date Mailed/Picked Up: