

Luther East High School Transcript Request Form

c/o St. John's Lutheran Church & School (*Custodian of Records*)

18100 Wentworth Ave., Lansing, Il. 60438 708.895.9280 708.895.9303 (fax) Stjohnslansing@comcast.net

Requestor Information

Student Name: _____ DOB: _____ Date: _____

Student Address: _____

Years Attended: _____ Contact Phone number:(_____)

E-Mail Address: _____

Name of College/University

College: _____

Address: _____

Delivery: Mail Pick-Up

Fee Paid \$5: _____

Signature: _____

(If the transcript is picked up, the transcript will be marked "unofficial" or in a sealed envelope)

Additional Notes