



DUAL CREDIT (High School) Transcript Request

RECORDS OFFICE
TRANSCRIPT REQUEST
Date _____

820 Chestnut St.
PO Box 29
Jefferson City, MO 65102-0029

Name _____
(Last) (First) (Middle)

Street Address _____

City _____ State _____ Zip _____ Telephone () _____

Social Security No. _____ - _____ - _____

Birth Date _____

CHECK BOXES BELOW IN ORDER FOR TRANSCRIPT TO BE SENT AS YOUR WISHES:

- CURRENTLY ENROLLED IN HIGH SCHOOL DUAL CREDIT COURSE
 - First Semester Enrolled in Dual Credit _____ (Spring/Fall and Year)
 - Last Semester Enrolled in Dual Credit _____ (Spring/Fall and Year)

When you received this request, process as requested below:

- Send Now
- Send at End of Term
- Will Pick Up (Note: If transcript is not paid for or picked up within 30 days, the document will be destroyed.)
- I Authorize _____ to pick up a copy of my transcript in a sealed envelope.

Print Name of Person, Office, or College to Receive Copy of Transcript, and Complete Address.

Student assumes full responsibility for furnishing complete and correct address.

There is a fee of \$3.00 per copy for a transcript.

Please forward either a cashier's check or money order for the correct amount made payable to Lincoln University. The current processing time is 3-5 business days unless you send a personal check, and then the processing time is 7-10 business days.

When this office sends a copy of the student's transcript to another person, office, or college, it becomes the property of the person, office, or college receiving it.

SIGNATURE: _____

The student must sign this document or the University cannot send the transcript.