

TRANSCRIPT REQUEST FORM

college/scholarship applications

(Please allow 5 business days for transcript processing.)



DALLAS
LUTHERAN
SCHOOL

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

DO YOU WANT YOUR ACT SCORES SENT? _____

DO YOU WANT YOUR SAT SCORES SENT? _____

SIGNATURE OF STUDENT DATE

SIGNATURE OF PARENT FOR STUDENTS *UNDER 18 yrs. old* DATE

NAME OF OFFICE: _____		
NAME OF INSTITUTION: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____

Date received by counseling office _____
Date sent by counseling office _____
Counselor's initials _____

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