





**Alumni**

**Lutheran High School  
Transcript Request Form  
Payment Page**

**Office Use Only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

**First-year alumni are processed FREE. All other alumni send \$7 check/credit charge for each transcript. Allow 7-10 business days for processing. Transcripts will be processed once payment is received.**

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Payment Method** (circle one):      Cash              Check              Credit Card

For **credit card payment** please complete the following and send this page in along with your transcript request form. *(Please Print)*

**Billing Address for card:**

Street/PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Credit Card Info:**

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC: \_\_\_\_\_

(3 digit code on back of card)

**Email address** (if you wish to receive a receipt. Credit Card transactions only)

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_