

OFFICIAL TRANSCRIPT REQUEST-LUTHER NORTH

PLEASE PRINT CLEARLY – Any missing information will delay processing.

DATE: _____ PHONE NUMBER: _____

STUDENT NAME: _____ MAIDEN: _____

ATTENDANCE DATES: FROM _____ TO _____

BIRTHDATE: _____ GRADUATION YEAR _____

PLEASE SEND TO:

Institution Name: _____

Address: _____

City, State, ZIP _____

SIGNATURE: _____

For Office Use Only

Paid _____ Date Sent _____ Initials _____ Other _____

Instructions:

Download and print the request form. Submit the completed form with your \$10.00 processing fee to:

Registrar
Luther North College Prep
5700 W. Berteau Avenue
Chicago, IL 60634

Make checks payable to Luther North.

OR

Download and print the request form. Fax the completed form to 773-286-3609 or scan and email it to jrzadzki@luthernorth.org and gbournas@luthernorth.org and pay the \$10.00 processing fee via PayPal on the website.