



Rockford Lutheran School
3411 N. Alpine Rd
Rockford, IL 61114
Phone: 815-877-9551 Fax: 815-877-4024

REQUEST FOR TRANSCRIPT

Please print or type – this form will not be processed unless filled out completely

Student Identification

Name: _____
Last First Middle Former/Maiden Name

Social Security Number: _____ - _____ - _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Daytime Phone: _____

Grad Year: _____ Transcripts ACT Scores Immunization Drop Letter

Reason for Request

College Transferring School GED Employment Other _____

Send To

School Name: _____ Attn: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Will Pick Up On: _____

Authorization

Signature: _____ Date: _____

Requested By: _____ Relationship: _____

To Be Completed by Office Personnel

Date: _____ Processed By: _____