REQUEST FOR TRANSCRIPT **LIPSCOMB UNIVERSITY**

Name _____ Social Security Number _____
LAST FIRST MIDDLE

Print former name(s) if different than current name: _____

**I understand that transcripts will not be issued until all financial obligations to the university are cleared.

Signature *(required for processing)* _____ Date _____

I am a:
___ Current student
___ Lipscomb graduate
___ Former student
If not presently enrolled, date of last enrollment _____

Number of transcripts:
___ Official copy
___ Student copy

Processing of transcript:
___ Please mail transcript
___ I will pick up transcript
___ Hold until end of semester
___ Hold until degree is posted
___ Hold for grade change

Mail To: _____
Address: _____

Student's Name: _____
Address: _____