

## TRANSCRIPT REQUEST

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Former Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Graduation year or years of attendance \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Student at: \_\_\_\_\_ Concordia Academy-Roseville or \_\_\_\_\_ Minneapolis Lutheran High School/CA-Bloomington

Recipient Address 1: Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Attn: \_\_\_\_\_

Fax  Yes  No Fax # \_\_\_\_\_ # Copies \_\_\_\_\_

Recipient Address 2: Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Attn: \_\_\_\_\_

Fax  Yes  No Fax # \_\_\_\_\_ # Copies \_\_\_\_\_

\_\_\_\_\_  
**Signature of Alumni or Former Student** (May be signed by parent if under 18)

\_\_\_\_\_  
Date

**Notes:**

- Transcripts are provided for \$5.00 per recipient and per copy. This fee is waived for currently enrolled students.
- Please indicate if transcript may be faxed by checking yes or no.
- Transcripts may take between 2-4 business days to process.
- Forms received without handwritten signatures will be delayed.
- Requests will not be honored for students with overdue financial obligations.

**Return completed form with payment to:**

Concordia Academy-Roseville

Attn: Guidance Counselor

2400 North Dale Street

Roseville, MN 55104

Phone: 651-484-8429 Fax: 651-484-0594

Payments may be made online at [www.concordiaacademy.com](http://www.concordiaacademy.com). Click on "Payments and Donations" under Current Students.