TRANSCRIPT REQUEST



2400 North Dale Street Roseville, Minnesota 55113 Phone 651 484 8429 Fax 651 484 0594 www.concordiaacademy.com

Last Name		_ First Name	Initial
Maiden Name		_ Year of Graduatio	on (or Years attended)
Address			
			Zip Code
Daytime Phone #		_ Email Address	
Student at:	_Concordia Academy – Roseville	or Minnear	oolis Lutheran HS/CA - Bloomington
Recipient Address	s 1: Name		
	Attention:		
	Address		
	City/State/Zip		
	Fax? No Yes Fax #		# of Copies
Recipient Address	s 2: Name		
	Attention:		
	Address		
	City/State/Zip		
	Fax? No Yes Fax #		# of Copies
Signature of Alum	ni, Current Student, or Parent (if	 under age 18)	Date

Notes:

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

Return completed form with payment to: Concordia Academy Attn: Becky Berner

2400 North Dale Street Roseville, MN 55113

Phone: 651-484-8429 Fax: 651-484-0594 Email: becky.berner@concordiaacademy.com

Payments may also be made online at: www.concordiaacademy.com Click on the Alumni tab, and then click on Transcripts.

Revised: 1/16 BB