

LINDENWOOD

LINDENWOOD UNIVERSITY

ST. CHARLES, MISSOURI

Transcript Request

I, the undersigned, do hereby authorize the release of my school/college transcript and request that an official copy be sent to:

Lindenwood University
ATTN: Undergraduate Admissions Office
209 South Kingshighway
St. Charles, MO 63301-1695

Name of School/College: _____

School Address: _____

Name as a Student: _____

Current Name: _____

Social Security Number: _____ D.O.B.: _____

Signature: _____ Date: _____

Student: Please attach a check or money order for the school's/college's transcript fee.
Mail in this request directly to your former school/college.

Registrar: Please attach this request form to transcript before mailing to Lindenwood.