

Christ Our Savior

LUTHERAN HIGH SCHOOL

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TRANSCRIPT REQUEST FORM

Please allow 48 hours advance notice to process request

Please forward an official copy of my high school transcript to:
(Please provide postage)

_____	_____
_____	_____
_____	_____
_____	_____

Please Print

Name: _____ Date: _____
Date of Birth: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Year of Graduation: _____

Thank you for your prompt attention to this request.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Parent signature is required if student is a minor)

