

# Hillcrest Lutheran Academy

## Transcription Request

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Student \_\_\_\_\_ Attendee/Year \_\_\_\_\_ Graduate/Year \_\_\_\_\_

Number of transcripts requested \_\_\_\_\_

Seniors are allowed 5 transcripts up to one year following graduation. All other requests will require a \$3 fee per transcript.

All accounts must be paid in full before transcripts are released.

Send transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only

Financial Hold: No \_\_\_\_\_ Yes \_\_\_\_\_

Finance Office Signature \_\_\_\_\_

Date Processed \_\_\_\_\_

Send request and payment to: Hillcrest Lutheran Academy, 610 Hillcrest Drive, Fergus Falls, MN 56573.