

## Transcript Request Form

Student's Name \_\_\_\_\_  
(Last) (First) (MI)  
Maiden Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Year of Graduation or Last Year Attended \_\_\_\_\_

**SEND TRANSCRIPTS TO:** # of Transcripts \_\_\_\_\_  
Admissions Counselor \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Association Free Lutheran Bible School

3134 E Medicine Lake Boulevard  
Plymouth, MN 55441  
763-544-9501 ~ aflbs@aflc.org



**A fee of \$5.00 per copy is required.**

Please make CHECKS payable to AFLBS.

**Mailing Instructions (check one)**

\_\_\_\_ Send immediately to address on left.

\_\_\_\_ Send after \_\_\_\_\_ (date)

### **OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_

Transcript Fee PAID \_\_\_\_\_

Business Office Authorization \_\_\_\_\_

Account Balance Due \_\_\_\_\_

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