

TRANSCRIPT/CUM REQUEST

Student Name: _____
Last/Maiden First

Address: _____

Date of Birth: _____ Last Year Attended: _____

- Unofficial Transcript \$ 1.00
- Official Transcript \$ 3.00
- Official Rush Transcript \$20.00
- Official FAX Transcript (Dom) \$ 5.00
- Official FAX Transcript (Int) \$10.00

Send transcript to the following:

Institution/Name

Address

City/State Zip

I give La Sierra Academy permission to release my transcript to the institution or person named above.

Signature Date

Office use only:
Paid _____ Date Sent _____

Financial Clearance: Yes No

Business Office

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