Request for Official Transcripts

Christian Leadership College
6400 S. 70th
Lincoln, NE 68516
Fax: (402)483-6642

(Please print clearly):

Last First Middle Previous/Maiden

Street City State Zip

SS Number Email Address Phone Number Last Date of Enrollment

Number of transcripts requested: _____ Date transcript(s) needed: _____

☐ I will pick up transcript(s) at the CLC office.

☐ Please mail transcript(s) to me at the address above.

☐ Please mail transcript(s) to the following:

_____ _____
_____ _____
_____ _____
_____ _____

_____ _____
_____ _____
_____ _____
_____ _____

Signature Date

Office Use Only

Date Received _____

Date Mailed _____