

**Lutheran High School of San Antonio**  
**FINAL TRANSCRIPT REQUEST AND RELEASE FORM**  
*(for graduating seniors)*

**Student Name** \_\_\_\_\_

**University Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transcript Request**

I request that LHS mail to the institution or agency named above a copy of my official transcript including courses and grades earned, and cumulative GPA.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's or Guardian's Signature)

In order to release school records, we must have the consent of the student and the legal guardian if the student is less than 18 years old.

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_