



Today's date _____

Texas Lutheran University

OFFICE OF THE REGISTRAR

1000 West Court Street

Seguin, TX 78155

Phone: 830-372-8040; Fax: 830-372-8179

TRANSCRIPT REQUEST

Name: _____ Maiden Name _____

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Currently Enrolled Last semester enrolled: _____ Date of Birth: _____

Daytime Phone Number: (_____) _____ E-mail Address: _____

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Student's signature _____

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