

**Transcript Request**  
**Michigan Lutheran Seminary**  
**2777 Hardin Street**  
**Saginaw, MI 48602**  
**989-793-1041    Fax: 989-793-4213**

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The following information and the current transcript fee of \$3.00 is required for each transcript requested:

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Graduate's Name: \_\_\_\_\_

Name while attending MLS,  
if different from above: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Please send (check one) \_\_\_\_\_ an official copy                      \_\_\_\_\_ an unofficial student copy  
of my academic transcript to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_