

# TRANSCRIPT REQUEST FORM

**A transcript must be sent from each institution attended**, regardless of whether credit was earned or is desired. A student who fails to acknowledge attendance in any college or university where he has been previously registered is subject to dismissal from Lee University.

Currently we are in need of the following transcripts from your previous college/university to complete your file:

Name of College/University \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detach the form below and send a copy of it to the above-mentioned institutions so they may send your transcripts as soon as possible.

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Please accept this as authorization to **send my official transcript to:**

Lee University  
Graduate Studies in Music  
PO Box 3450  
Cleveland TN 37320-3450

**FULL LEGAL NAME:**

\_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name and address of last college attended: \_\_\_\_\_ Last Date/Enrollment at Previous College: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Semester) (Year)

Student's Current Mailing Address: \_\_\_\_\_ Expected Entry at Lee University:  
\_\_\_\_\_  
\_\_\_\_\_ Fall 20\_\_\_ Spring 20\_\_\_  
\_\_\_\_\_ Summer 20\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_