Transcript Release Form

I _____ hereby AUTHORIZE you to
Printed Name
release my academic records (transcript) from

_____for
Name of High School

use in the admission process by Lincoln College.

_____ _____
Student Signature Date

Student Name when enrolled (if different from above):_____

Social Security Number: _____ - _____ - _____

Please mail TRANSCRIPT to :

Lincoln College
Office of Admissions
300 Keokuk Street
Lincoln, IL 62656