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 – Normal.

_____ _____
Student Signature Date

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

Social Security Number: _____ - _____ - _____

Please mail TRANSCRIPT to:

Lincoln College – Normal
Attention: Admissions
715 W. Raab Road
Normal, IL 61761