The Orlando Lutheran Academy

# **Transcript Request Form**

Please Enter information below:

|  |  |
| --- | --- |
| Student First Name |  |
| Middle Name |  |
| Last Name |  |
| Your phone number |  |
| S.S. Number |  |
| Year(s) of Attendance |  |
| Date of Graduation/Withdrawal |  |
| Enter number of transcripts you are requesting | ONE (1) | There is a $5.00 fee per transcript requested. You may make your payment on our district website at: <http://flgadistrict.org>  Go to the footer of any page of the website click on “Payments and Donations.” On the following screen enter your payment in the line that says, “Other Payments.” Enter the amount, and in the empty box, type: OLA Transcript. |
| Complete the section below for where and to whom you want your transcript(s) sent: |
| Send to: |  |
| Address: |  |
| City: |  |
| State: |  |
| Zip |  |
| Authorization to send transcript |
| Type your name in the box to the right to indicate that you authorize us to release your records as indicated above. |  |
| Today’s Date |  |

**Email the completed form to:** **lvoss@flgadistrict.org**