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 Signature	Date
C4 14 N 1 11 . 1 (10 1100	Ç
Student Name when enrolled (if different tabove):	
/ 	
Social Security Number: -	-
<u></u>	
Please mail TRANSCRIPT to:	
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Lincoln College – Normal Attention: Registrar 715 W. Raab Road Normal, IL 61761