

LUCHATM TRANSCRIPT ANALYSIS REQUEST FORM Complete the fields below and then submit the form using the information listed at the bottom of the page.

PERSONA	AL INFORMATION (Ple	ase print in ink.)		PAYMENT	
			☐ Male ☐ Female	☐ Money Order	
District St	udent ID #	Birth Date	Check One	(Attach. Payable to: The University of Texas at Austin	.)
Current	Grade Level:			☐ Check #:	
	As Ass	igned By School District		(Attach. Payable to: The University of Texas at Austin	.)
Name:				☐ Credit Card:	
	Father's Surname	Mother's Surname Fi	rst Name Middle Name	☐ VISA ☐ MasterCard	
Address	:			☐ Discover ☐ American Express	
	Street		Apt. #		
				Number	
	City	State	ZIP		
Phone:	()	()	Exp. Date	
	Primary	Second	lary		
E-mail:				Cardholder's Name (Print.)	
SERVICE					
Service		Guidelines			Cost
TRANSCRIPT ANALYSIS		CEE TRANSCRIPT	ANALYSIS GUIDELINES BE	ow. \$160.0	
IRANSCI	RIPT ANALYSIS	SEE TRANSCRIPT	ANALYSIS GUIDELINES BE	LOW.	\$100.00
				Total >	\$160.00
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