



LAMP

LEADERSHIP AND MINISTRY PREPARATION

4700 SW 188 Avenue, Southwest Ranches, FL 33332

Phone: (954) 434-4500 Fax: (954) 434-4001

Official Transcript Request

Requests for processing and forwarding official transcripts from *LAMP Training* must be made in writing. Financial obligations to LAMP must be satisfied.

Please include the following in your request:

1. Your complete name (also include maiden name - if applicable)
2. Your current address, phone number, and email address
3. Years you attended or when you graduated from *LAMP Training*
4. Complete mailing address of location the transcript is to be sent
5. **Your handwritten signature must be included for the request to be processed.**
6. Transcript Request Fee - transcripts are \$5. Cash or check

Unofficial Transcript Requests

Unofficial transcripts are for personal use and faxing. Professional or academic institutions generally require an official transcript. Requests for unofficial transcripts are processed in the same manner as official transcripts. Please see the above directions for processing, and, if applicable, include a fax number within your request.

Send your request to:

LAMP Training
4700 SW 188 Avenue,
Southwest Ranches, FL 33332

or Fax your request to: (954) 434-4001

Please contact LAMP's Main Office with questions or concerns at (954) 434-4500



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TRANSCRIPT REQUEST

Please complete the following information and return this form to LAMP's main office.

Dates I attended LAMP Training: from _____ to _____.

Signature: _____ Date: _____

Required for release of any transcript

(Please Print) Name of Student: _____ Student ID # or Social Security # _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: (____) _____ E-mail: _____

- Please send me an **unofficial student copy** of my LAMP Training transcript to the address listed above. (I understand there is no fee for an unofficial student copy of my transcript.)
- I have enclosed **\$5.00** for each **official transcript**. (Check or money order in U.S. funds, payable to LAMP Training)

Please send the **official copy** of LAMP Training transcript to the address(es) listed below.

Name of Institution: _____

Mailing Address: _____

City _____ State _____ Zip _____

Name of Institution: _____

Mailing Address: _____

City _____ State _____ Zip _____

Send or Fax to:

LAMP Training
4700 SW 188 Avenue,
Southwest Ranches, FL 33332
Fax: (954) 434-4001