



# Lutheran High School of San Diego



810 Buena Vista Way  
Chula Vista, CA 91910-6853  
Telephone 619.262.4444 • Fax 603.691.0424

## REQUEST FOR TRANSCRIPT

**TO:** The Office of the Registrar

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**RE:** Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This student is being considered for acceptance at Lutheran High School of San Diego. Please send a complete transcript of work done at your school including the student's most current grades as soon as possible.

Thank you for sending these documents to Lutheran High School of San Diego. Please call me if you have any questions regarding the request of these documents.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone Number