



Logos Christian College & Graduate Schools

Request for Transcript to Logos

To the Registrar or Principal:

I have applied to Logos Christian College & Graduate Schools. Please send an official copy of my:

College Transcript _____ High School Transcript _____

To:

LOGOS Christian College & Graduate Schools

Registrar

190 S. Roscoe Blvd

Ponte Vedra Beach, FL 32082

I hereby give full permission for a copy of my Official transcript to be released to Logos Christian College.

Student's Signature: X _____

Print Students Name: X _____

Current Phone: _____

Personal Data (Student to complete information below)

Last Name _____ First _____ M.I./Maiden Name (Circle one) _____

Street _____

City _____ State _____ ZIP _____

Student's Name at time of enrollment if different from above. _____

Social Security Number _____ Birth Date _____

Last Term Attended _____ Graduation Date _____

190 S. Roscoe Blvd. Ponte Vedra Beach, FL 32082
Phone: (904) 273-4452 **Fax:** (904) 273-4453 **E-Mail:** logosccgs@gmail.com
Web Address: www.logos.edu