LON MORRIS COLLEGE

Request for High School Transcript

High School: _____ City: _____

Student Name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

Current Address: _____
Street/P.O. Box

_____
City State Zip Code

Contact Phone Number: _____

Please send an official copy of my transcript to:

Lon Morris College
Office of Admissions
800 College Avenue
Jacksonville, Texas 75766

_____ Please also send an unofficial copy of my transcript, by fax to 903.589.4006.

_____ _____
Student Signature Date