

**TRANSCRIPT REQUEST**  
**ST JOHN'S COLLEGE, WINFIELD, KS**

Office of the Registrar  
Concordia University  
800 N. Columbia  
Seward, NE 68434  
Fax: (402) 643-3519

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:**

Last	First	Middle	Previous/Maiden Names	
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Last 4 of SSN	Phone Number		E-mail	

**No charge for St John's College transcripts.**

**RELEASE TRANSCRIPT(S):**

To me - Number of copies: \_\_\_\_\_

Mail to my current address listed above.

Put each transcript in a separate sealed envelope.

And/or mail to the following completed address(es) below:  
(Please include institution, agency or business name and address. No abbreviations.)

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**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Concordia Use: Approval/Non-approval

\_\_\_\_\_  
Perkins Loan

\_\_\_\_\_  
Student Accounts

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Date Mailed