



LIGHTHOUSE CHRISTIAN ACADEMY

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P.O. Box 160328 • Nashville, TN 37216

Division of Accelerated Christian Education Ministries

_____/_____/_____
Date

Attention: Records Department

School Name

School Mailing Address

City *State* *ZIP*

Transcript Request

To Whom It May Concern:

The following student is applying for acceptance in Lighthouse Christian Academy:

Student Name _____/_____/_____
Date of Birth _____-_____-_____
Social Security Number

This is to request an official copy of the above-named student's academic transcript including attendance, standardized test scores, and **evaluation of grading system**. **Do not send the cumulative file folder**. Please forward all requested items to the following address:

**Enrollment Office
Lighthouse Christian Academy
P.O. Box 160328
Nashville, TN 37216**

The release of these records is authorized by:

Print Name _____ Date _____/_____/_____
Parent/Guardian or Student (if over 18 years of age)

Signature _____
Parent/Guardian or Student (if over 18 years of age)