LON MORRIS
COLLEGE

AN INSTITUTION OF THE
UNITED METHODIST CHURCH
Established 1873

REQUEST FOR HIGH SCHOOL TRANSCRIPT

High School : _____

Social Security Number: _____ Date of Birth: _____

Name: _____
First Middle Maiden Last

Current Address: _____
Street / P.O. Box

_____
City State Zip Code

Home Phone Number : _____

Please send an official copy of my transcript to:

Lon Morris College
Admissions Office
800 College Ave.
Jacksonville, TX 75766

_____ _____
Student Signature Date

800 College Avenue ▪ Jacksonville, Texas 75766-2923
903.589.4000 Tel ▪ 903.586.8562 Fax
www.LonMorris.edu