



LIGHTHOUSE CHRISTIAN ACADEMY

(866) 746-6534
Fax: (615) 612-6126
lcaed.com
lcaed@acem.org
P.O. Box 508
Hendersonville, TN 37077-0508

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 508
Hendersonville, TN 37077-0508**

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)