



# LIGHTHOUSE CHRISTIAN ACADEMY

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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)