



# Transcript Waiver

Transcript Waiver for Semester: \_\_\_\_\_ Year \_\_\_\_\_

Student Name: \_\_\_\_\_ LSCS ID # \_\_\_\_\_

I understand that I may enroll at Lone Star College System providing I submit official transcripts from all regionally accredited colleges attended or currently attending:

Name(s) of College or University \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I understand that if the official transcripts listed above are not received in the admissions office by the start of the next registration period, I will not be allowed to register for future semesters and I will be unable to receive an official transcript of my grades at LSCS.***

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved Signature: \_\_\_\_\_ Date \_\_\_\_\_

04.06.20

ARC-014  
4/20



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