

Lakeshore High School
Transcript Request Form

Today's Date: _____

Student's Name: _____
 (Last) (First) (Middle)

Student Signature: _____

Grade: _____ **OR** Yr. of Graduation _____

_____ Number of copies of transcript to be **picked up** in guidance

_____ Number of copies of transcript to be **mailed**

_____ **Total number** transcripts requested

List COLLEGE NAME and ADDRESS

1. _____

2. _____

3. _____

For office use only	
Initials	
Date Mailed:	_____
Date picked up:	_____