

Lawrence Free State High School

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TRANSCRIPT REQUEST FORM

Are you a graduate of FSHS? _____ Grad Year: _____

If you did not graduate from FSHS, what dates did you attend? _____

Your legal name while attending FSHS: _____

Name now (if different): _____ Birthdate: ____/____/____

Your mailing address: _____

City/State/Zip: _____ Phone: _____

Email address (optional): _____

Mail Transcript to (Name or University): _____

Mailing address: _____

City/State/Zip: _____

If you want a copy by email, please make sure that we can read the address.

Emailed and personal copies are unofficial transcripts. Only mailed transcripts directly to the college or employment are official transcripts.

MAIL transcript or HOLD for pick up (Specify one.)

Purpose of the request:

College Employment Scholarship Other: _____

Sign and mail this form, along with a CLEAR copy of your driver's license/ID

Signature: _____ Date: _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.