

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.