

Lawrence High School

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Registrar's email address: dlaffalter@usd497.org

TRANSCRIPT REQUEST FORM

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

If you did not graduate from LHS, what dates did you attended: _____

Your legal name when attending LHS: _____

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

Your mailing address: _____

City/State/ZIP: _____ Phone: _____

Email address (optional): _____

Mail Transcript to (Name or Univ.): _____

Mailing Address: _____

City/State/ZIP: _____

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

Emailed and Personal copies are not certified transcripts. Only mailed transcripts directly to college or employment are certified.

Mail Transcript or Hold it for pickup (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.