

TRANSCRIPT REQUEST FORM

OFFICIAL TRANSCRIPTS ARE MAILED FROM LAWRENCE NORTH HIGH SCHOOL TO COLLEGES, UNIVERSITIES, SCHOLARSHIP COMMITTEES, EMPLOYERS, ETC. AT THE STUDENT'S REQUEST. **THE FEE FOR EACH TRANSCRIPT IS \$1.00.** IF YOU HAVE ANY QUESTIONS REGARDING YOUR TRANSCRIPT, PLEASE CONTACT THE REGISTRAR, MS. BONNIE AKERS, AT 964-7700, REQUESTS WILL BE PROCESSED AS SOON AS POSSIBLE, **NORMALLY WITHIN 24-72 HOURS.**

TODAY'S DATE _____

NAME OF STUDENT (PRINT) _____

LAST NAME WHEN ATTENDED (IF DIFFERENT THAN ABOVE) _____

DATE OF BIRTH _____

YEAR OF GRADUATION _____ OR LAST YEAR ATTENDED _____

TELEPHONE # (TO CALL IF WE HAVE ADDITIONAL QUESTIONS) _____

WHERE SHOULD WE SEND TRANSCRIPT? (GIVE FULL NAME AND ADDRESS.)

STUDENT'S SIGNATURE _____

PLEASE NOTE: OFFICIAL TRANSCRIPTS CAN BE GIVEN DIRECTLY TO THE STUDENT OR MAILED TO THE STUDENT'S HOME IF POSITIVE IDENTIFICATION HAS BEEN PRESENTED TO LNHS STAFF MEMBER AT THE TIME OF THIS REQUEST.

THANK YOU FOR YOUR REQUEST.

FOR OFFICE USE ONLY:

NUMBER OF TRANSCRIPTS REQUESTED _____

FEE COLLECTED YES ___ NO ___ AMOUNT \$ _____

ID PRESENTED YES ___ NO ___

STAFF SIGNATURE _____