

LAKWOOD HIGH SCHOOL TRANSCRIPT REQUEST FORM

Complete this form and **mail or fax** to Lakewood High School.

Please allow 24 to 48 hours for processing from the time the request is received.

Today's Date: _____

Graduate Information:

Name Used While Attending LHS: _____ Current Name: _____

Graduation Year: _____ Date of Birth: _____

Check if graduated via state grad program? _____ Year you should have graduated: _____

Transcript Receiver(s):

Transcript 1:

Select how the transcript should be sent: Email Mail Fax

Name of College/Company/Individual: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Fax: _____ If transcript is to be faxed – ATTN: _____

Transcript 2:

Select how the transcript should be sent: Email Mail Fax

Name of College/Company/Individual: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Fax: _____ If transcript is to be faxed – ATTN: _____

Transcript 3:

Select how the transcript should be sent: Email Mail Fax

Name of College/Company/Individual: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Fax: _____ If transcript is to be faxed – ATTN: _____

Signature _____

Mail or fax to:
Lakewood High School
Attn: Records
9331 Lancer Rd SE Hebron, OH 43025

School year Phone: 740-928-4526 Fax: 740-928-3731
Summer Phone: 740-928-1915 Fax: 740-928-6622

*There is no charge for transcripts. If you need more than 3 transcripts, please complete another form.