

# LAKWOOD HIGH SCHOOL TRANSCRIPT REQUEST FORM

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: \_\_\_\_\_

Electronic Signature \_\_\_\_\_

Please email signed form to: [records@lakewoodlocal.org](mailto:records@lakewoodlocal.org) or mail 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.