

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: _____

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 transcript requests to: dabowman@laca.org or mail to: Jackson Intermediate
Attn: Records
9370 Lancer Rd SE
Hebron, OH 43025
Ph (740) 928-1915
Fax (740) 928-6622

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