

ALUMNI TRANSCRIPT REQUEST FORM

Lakeshore High School – Guidance Office

5771 Cleveland Avenue, Stevensville, Michigan 49127

Phone: 269-428-1579 Fax: 269-428-1573 Web: www.lakeshoreschools.k12.mi.us

Current Name:

Last _____ First _____ MI _____
(Please Print)

Maiden Name _____ DOB ____/____/____ Year of Graduation _____

GED/Adult Ed. (if applicable) _____ Year _____
(circle) (program site)

Please check all that apply:

- I need an Official Transcript (with school seal in a sealed envelope). How many? _____
- I need an Unofficial Transcript (student copy). How many? _____
- Please fax to (*student copies only*): Fax # _____ Attn: _____
- Transcript will be picked up on this date _____ by _____
(your name or designated person's name)
- Please mail to:

Additional comments:

GUIDELINES:

*\$5.00 FEE (NON-REFUNDABLE) PER TRANSCRIPT - include cash, check or money order payable to Lakeshore High School.

*TRANSCRIPT WILL NOT BE SENT UNTIL FEE IS RECEIVED (if you fax your request, send your fee in the mail).

*ALLOW 3-5 SCHOOL DAYS FOR PROCESSING (FROM DATE THE REQUEST AND FEE ARE RECEIVED IN OUR OFFICE).

*ALL REQUEST FORMS **MUST** - (A) be filled out and signed by the student with a legible signature, (B) include a clear (enlarged) photocopy of student's current picture ID (driver's license, passport, picture ID or school ID).

*PARENT OR 3RD PARTY PICKING UP TRANSCRIPT **MUST** - (A) have their name listed on the request form as the designated person picking up transcript, (B) show a current photo ID when picking up transcript.

*WE DO NOT OFFER EXPRESS OR OVERNIGHT DELIVERY.

*ALL TRANSCRIPT REQUESTS MUST INCLUDE THIS FORM. REQUESTS WILL NOT BE TAKEN OVER THE TELEPHONE.

Today's Date ____/____/____ Daytime Telephone (____) _____ Home Cell Work _____
(circle one)

Signature of Student _____

Signature of Parent (if student is under 18) _____

For office use only:

Date Rec'd _____ CASH/CHECK # _____ Amt _____ # of Transcripts _____ Init _____