

# LAKESHORE HIGH SCHOOL

## Transcript Request Form for Current Students

\*You must allow 10 school days for the Guidance Office to process your request \*

\*One form is required for each transcript request\*

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(print clearly)

Reason for request:

College     Scholarship     Other \_\_\_\_\_

Please send a copy of my transcript to:

\_\_\_\_\_  
College/Scholarship name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Please check all that apply to this request:

- I applied online
- I completed the paper application, attached
- I am using the Common Application for this college
- The Secondary School Report/Counselor's page is enclosed
- This college/scholarship does not have a Secondary School Report/Counselor's page
- My Teacher/Counselor recommendations are enclosed. Names: \_\_\_\_\_
- My Teacher/Counselor recommendations are being done online or mailed separately
- I am not using Teacher recommendations for this request
- I will pick this up from the Guidance Office on (date) \_\_\_\_\_
- Special Instructions: \_\_\_\_\_

Including this request, please list all transcript requests so far this school year:

*There will be no charge for your first five transcripts, then \$5.00 each for additional requests. 7<sup>th</sup> semester (mid-year) and final transcripts will be mailed free of charge.*

- |          |                 |                 |
|----------|-----------------|-----------------|
| 1. _____ | 4. _____        | 7. (\$5.) _____ |
| 2. _____ | 5. _____        | 8. (\$5.) _____ |
| 3. _____ | 6. (\$5.) _____ | 9. (\$5.) _____ |

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_

*for office use only:*

Paid (date) \_\_\_\_\_ Amt. \_\_\_\_\_ By \_\_\_\_\_ Date Sent \_\_\_\_\_ By \_\_\_\_\_