

*Lancaster High School  
Guidance Department*

**Student Transcript Request Form**

PLEASE PRINT

Name \_\_\_\_\_  
Last First Middle Maiden

Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Parent's Name \_\_\_\_\_

PRESENT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

DID YOU \_\_\_\_\_ Graduate Year of Graduation \_\_\_\_\_  
\_\_\_\_\_ Transfer to another school Last grade attended at LHS \_\_\_\_\_  
\_\_\_\_\_ Drop-out Last grade attended at LHS \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

PLEASE FORWARD TRANSCRIPT TO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Mailed