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Student's Name		Date:
Year of Graduation from LCS:	OR, Current Grade: 9 10 11 12	

Type of Transcript Requested:	
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Unofficial—not signed/sealed	Official—signed/sealed/in a sealed envelope

Where do you want this transcript sent? **(It will be sent to the address you provide, please be accurate and complete.)**

Name of person/registrar	
Name of organization	
Address line one	
Address line two	
City, State, Zip Code	

Are there any unique instructions pertaining to this transcript request?

Reason for transcript request?			
College Application	Employment	Final End of Year Grade Check	Other

Signature	Date

Student signature required if an LCS graduate.

Office Use Only:	
Date Transcript Received:	
Date Transcript Sent:	
Staff Signature:	

File Name: O:\Forms\LCS Transcript Request Form 11.19.19.doc

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6. *NOTE: SAT, ACT, or other post-high school admissions testing scores are not included on LCS transcripts or available from the LCS office or personnel.*
   To request SAT scores contact The College Board at http://sat.collegeboard.org/scores
   To request ACT scores contact The ACT at http://www.actstudent.org/scores/
   LCS' school code is: **481001**.

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