

TRANSCRIPT REQUEST FORM

PROCESSED IN THE ORDER RECEIVED – ONLY FOUR REQUESTS AT A TIME
ID IS REQUIRED TO PICK UP A TRANSCRIPT

Date: _____ Student Name: _____ Date of Birth: _____
(PLEASE PRINT)

Student ID: _____ Year of Graduation: _____ Postmark Deadline: _____
Required for Current Students Required

Check one of the following: _____ Do not send ACT, SAT, AP Scores
_____ Send ACT, SAT, AP Scores (will include ALL administrations of the test)

I am requesting: _____ Student Copy (You must return to pick it up)
_____ Official transcript mailed to a College or University
_____ I have attached documentation to be mailed with the transcript
_____ Counselor recommendation letter/portion of application

Please Read: OFFICIAL TRANSCRIPTS CANNOT BE GIVEN TO A STUDENT. THEY MUST BE MAILED DIRECTLY TO A COLLEGE OR UNIVERSITY. STUDENTS MUST PROVIDE AN ADDRESS OR THE TRANSCRIPT WILL NOT BE MAILED. TAKS SCORES ARE ALWAYS ON THE TRANSCRIPT. LISD WILL ONLY PROVIDE SAT, ACT, OR AP SCORES IF YOU HAVE INDICATED THIS APPROVAL ABOVE. IT IS NOT POSSIBLE TO SEPARATE ONE TESTING DATE FOR REPORTING. IN ORDER TO DO THIS, STUDENTS MUST FOLLOW THE PROCEDURES SET OUT BY ACT AND COLLEGE BOARD.

I HAVE READ THE ABOVE NOTICE AND AGREE TO ITS TERMS: _____ (INITIAL)

Mail Transcript to:

First Request

Name of College/University/Business

Address

City State Zip

Second Request

Name of College/University/Business

Address

City State Zip

Third Request

Name of College/University/Business

Address

City State Zip

Fourth Request

Name of College/University/Business

Address

City State Zip

Student's Home Phone: _____ Requestor's Signature: _____
Parent Signature (if student is under 18): _____

Date Received by the Registrar: _____ Date Mailed: _____