

Lakewood Public School
Attn: Karen Sage, Registrar
7223 Velte Road
Lake Odessa, MI 48849
sagek@lakewoodps.org
Phone: 616.374.0140
Fax: 616.374.2221

TRANSCRIPT REQUEST FORM

To request an official transcript and copies of other pertinent records requires completion of this form. The form must be printed and signed, and may be delivered, faxed, or mailed to the Lakewood High School Counseling Office, Attn: Karen Sage, Registrar. There is no cost. **In order to avoid any delays, the form must be filled out completely.** Please be aware that for a transcript to be considered "official", it must be mailed from our office directly to a college—it is not "official" if you request that it be mailed to you.

Graduation Date: _____
If non-grad--Date last attended: _____ The year you should have graduated from high school: _____

Type of transcript requested:

High School Adult Ed. High School GED ACT scores

Last Name First Name Middle Maiden

Street Address City State, Zip

Home #: _____ Cell #: _____ Date of Birth: _____

E-Mail address: _____

Where should this information be sent?

Name of institution or organization To the attention of:

Street Address City State Zip

Special instructions: _____

Your signature Date

Office use only:
Mailed on: _____