



# LAKE VIEW COLLEGE PREP

## *Transcript Request Form*

Date: \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL

CURRENT ADDRESS CITY STATE ZIP CODE

/ /

( ) -

DATE OF BIRTH TELEPHONE NUMBER

Graduated  Did Not Graduate

LAST MONTH & YEAR OF ATTENDANCE

TRANSCRIPT IS TO BE SENT TO: \_\_\_\_\_  
Name of School or Agency

Address

City State Zip Code

Name of School or Agency

Address

City State Zip Code

SIGNATURE \_\_\_\_\_

THE FEE FOR AN UNOFFICIAL TRANSCRIPT IS \$1.00 AFTER THE FIRST ONE.  
THE FEE FOR AN OFFICIAL TRANSCRIPT IS \$3.00 AFTER THE FIRST ONE.