



Lakewood High School

TRANSCRIPT REQUEST

DATE OF REQUEST _____

NAME _____

MAIDEN NAME _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____

I AM A CURRENT STUDENT: YES _____ NO _____

YEAR OF GRADUATION _____

DID NOT GRADUATE (LAST DAY ATTENDED) _____

REASON FOR TRANSCRIPT REQUEST _____

I AUTHORIZE THE RELEASE OF TRANSCRIPTS TO:

(LIST FULL NAME AND ADDRESS, INCLUDING DEPARTMENT)

1. College/University (Official) _____

Address _____

2. College/University (Official) _____

Address _____

3. Employer/Organization _____

Address _____

4. Unofficial (to self) _____

Student Signature: _____

PLEASE E-MAIL COMPLETED FORM TO hreyes@lakewoodpiners.org or to adesena@lakewoodpiners.org

855 Somerset Avenue, Lakewood, NJ 08701 Guidance Office 732-905-3550