



Lakewood High School

855 Somerset Avenue, Lakewood, NJ 08701
Guidance Office 732-905-3500 ext. 7457

TRANSCRIPT REQUEST

NAME _____ DATE OF REQUEST _____

NAME USED ON SCHOOL RECORD IF DIFFERENT FROM ABOVE _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____

YEAR OF GRADUATION _____ OR DATE OF WITHDRAWAL _____

I AUTHORIZE THE RELEASE OF TRANSCRIPTS TO:

(LIST FULL NAME AND ADDRESS, INCLUDING DEPARTMENT)

1. College/University (Official) _____

Address _____

2. Employer/Organization _____

Address _____

I would like an unofficial copy of my transcript mailed to my home address listed above,

Please allow 3 – 5 business days for processing

Student Signature: _____

***** This must be a physical signature, not typed *****

E-MAIL COMPLETED FORM TO lhsrequests@lakewoodpiners.org