

Transcript Request Leesville High School 502 Berry Ave. Leesville, LA 71446

A written request is required. Charge is \$1 for graduates, .50 for current LHS students, **payable in advance.** If Mrs. Abramson is doing a recommendation for you, and a transcript is to be included with the recommendation, there is no charge for the transcript.

Name: _____ Date: _____

- **For Graduates:** Year of Graduation _____ Birthdate: _____
- What was your name when you graduated? _____

I need _____ official transcript(s) to mail to a college or scholarship program
(number of transcripts)

I need _____ unofficial transcript(s) for my use
(number of transcripts)

- **For Present LHS Students Only:** Include ACT/SAT score: ___ Yes ___ No

___ I will pick up. ___ Please mail to address below.

If Guidance Office is to mail transcript(s), complete a separate form for each institution or program.

Name of Institution or Program

Optional: any additional name

Address

Optional: ATTN:

Office Use Only: Date Paid _____ Amount Paid _____ Initials _____

Date Mailed _____ Initials _____

Date Picked Up _____ Initials _____