

Transcript Request Form – Graduated Students

Please mail to: Lake City Community School
Attn: Rebecca Hall
614 N Silver St.
Lake City, CO 81235

CONTACT INFORMATION

Full Name: _____

Last Name at Time of Attendance (if different from above): _____

Date of Birth: _____

Current Address: _____

Current Phone: _____

Graduation Year: _____

Signature (we need an original signature to send a transcript): _____

REQUEST INFORMATION

If you need transcripts sent to more than one address, you may list additional addresses on the back of this form.

Check for: ___ Official ___ Unofficial

Number of Copies: _____

Mail Transcript(s) to: _____

Special Instructions: _____

PAYMENT INFORMATION

There is a \$5.00 charge for each official or unofficial transcript. Lake City Community School will accept personal checks and cash. Please write checks out to Lake City Community School.

* Please allow 2-3 business days for processing.