

LHS TRANSCRIPT REQUEST FORM

I am requesting a copy of transcript records for:

Name at Time of Graduation _____

Birthdate _____ Year Graduated/Withdrawn (circle one) _____

Send Records To: _____

Special Instructions _____

Signature _____

Current Address _____ Phone _____

_____ Email _____

FEE: \$4.00 CASH OR MONEY ORDERS ONLY, payable to Lakewood High School

MAIL TO: Lakewood High School Records, 14100 Franklin Blvd., Lakewood OH 44107

Requests may be made in person between 8:30 a.m. – 3:30 p.m. in the Records Office. Mail-in requests will be filled within 2-3 days. Any questions, call Deb Groh at 216-529-4031.