



LAFAYETTE HIGH SCHOOL
TRANSCRIPT REQUEST FORM
(PLEASE PRINT)

NAME OF STUDENT: _____, _____, _____
(Last) (First) (MI)

NAME AND ADDRESS OF INSTITUTION:

APPLICATION DEADLINE DATE

PLEASE CHECK ONE BOX BELOW:

_____ College Secondary School Report to be completed by your counselor must be attached.
(Please note.... when filing applications electronically, you may need to print out this form.)

_____ NO SECONDARY SCHOOL REPORT provided by college.

IMPORTANT: *Students are responsible for mailing or electronically filing their portions of college and financial aid applications and submitting fees.*

*****REQUEST MUST BE MADE AT LEAST 10 WORKING DAYS BEFORE DEADLINE*****

Please pay when submitting this request. (PAID _____) (DATE _____)

A fee of \$4.00 will be charged for each transcript.

FOR REGISTRAR ONLY

REC'D IN GUIDANCE _____

SENT _____