



Lakota West

TRANSCRIPT REQUEST GRADUATING CLASSES OF 1998 - 2004

I, the undersigned, request that a copy of my transcript be sent to the following:

Name/ School _____

Address _____

City, State, Zip _____

Information about myself includes:

Last Name _____

First Name _____, MI _____, Maiden Name _____

Date of Birth _____

Graduation Date _____

Withdrawal Date _____

I understand that Lakota School District requires a \$5.00 fee for each transcript. Please make checks payable to Lakota West High School and mail to Lakota West High School, 8940 Union Centre Blvd., West Chester, OH 45069, Attention: Guidance Office

Signature _____

Telephone _____

Date _____