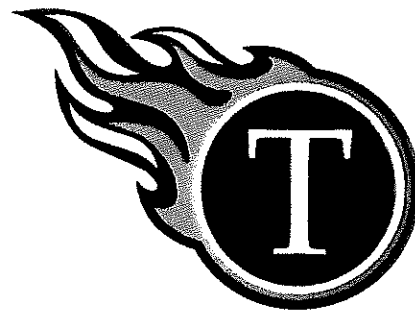


# Lee's Summit West Counseling Center

2600 SW Ward Road  
Lee's Summit, MO 64083  
Phone: (816)986-4103  
Fax: (816)986-4116



## Transcript Request Form

Please PRINT Clearly  
Name(s) while a student

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(Last Name) (First Name) (Middle Name)

Current Name (If different)

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(Last Name) (First Name) (Middle Name)

Current Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Name, specific office and address where transcript is to be sent: (Complete mailing address required)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |

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Signature Required

Date

Fax completed form to:  
LSWHS Registrar Office  
Fax: 816-986-4116

Mail Complete form to:  
LSWHS Registrar Office  
2600 SW Ward Rd  
Lee's Summit, MO 64081

Email completed form to:  
Stephanie.Stephenson@lsr7.net