

# 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

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Current Name (If different)

\_\_\_\_\_  
(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. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

Fax completed form to:  
LSWHS Registrar Office  
Fax: 816-9864116

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

Email completed form to:  
Amy.Barrett@lsr7.net