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: 816-986-4116

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

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