

LHS Transcript Request

Please fill out the information below then turn this form into the office. As long as all of the information is correct we will send your transcript as soon as possible.

Student Information:

Last Name First

Address

City State Zip Code

Date of Birth (Day/Month/Year)

Year of Graduation _____

Send Transcript To:

Name of Institution

Address

Address

City State Zip Code

Check box if you need this year's current schedule sent as well.

Federal and State legislation requires that consent is needed for transfer of records beyond a third party. I hereby authorize Lexington Community Unit School District #7 to release an official school transcript as well as official administrative records (name, address, birthdate, grade level completed, grades, class standing, college entrance test scores* and attendance record). The above named student must sign this authorization form. ***If the student is not 18 years of age, the authorization form must be signed by the parent/guardian.***

Student's Signature: _____ Date _____

Parent's Signature (If not 18): _____ Date _____

*Colleges and Universities generally require an official ACT and/or SAT score report to be sent directly from the testing service to the college. To send scores, visit www.actstudent.org.

Please complete form and email to ksharrow@lexington.k12.il.us or fax to (309) 365-5032