



REQUEST FOR TRANSCRIPT

First Name:_____ Last Name:_____

Maiden Name (if applicable):_____

Date of Birth:_____ Graduation Year:_____

(month/day/year) (month/year)

Phone Number:_____

Type of Transcript: Photocopy_____ Official_____

Test Scores: Yes____ No____

Address Where Transcript is to be Sent: _____

Signature:_____ Date:_____

Fax signed form to: 517-267-2135

or

Send signed form to: Lansing Catholic High School
501 Marshall St
Lansing, MI 48912

Date Received _____ Date Sent _____ Initials _____