LAKOTA WEST HIGH SCHOOL
8940 UNION CENTRE BOULEVARD
WEST CHESTER, OHIO 45069
513-874-5699

FORMER STUDENT TRANSCRIPT REQUEST

I, the undersigned, request that a copy of my transcript be sent to the following:

Name/ School: _____

Address: _____

City, State, Zip: _____

Information about myself includes :

Name: _____
Last First M.I. Maiden

Date of Birth: _____

Graduation Date: _____ Withdrawal Date:_____

I understand that Lakota School District requires a $5.00 fee for each transcript.
Please make checks payable to Lakota West High School. Currently enrolled student are exempt from the fee.

Signature: _____

Telephone #: (_____) _____

Date: _____