Student __________________________ Date __________ Graduation Year _____
*If no longer an LSA student, please attach $2 for processing

School or Organization Requesting Transcript: (please note if applied on Common App)

____________________________________________________

School/Organization Mailing Address: Application Deadline Date ______________
____________________________________________________
____________________________________________________

Signature of Student or Guardian:

The records of every Lee-Scott student are considered confidential and require the signature of the student or parent for release. Signing this form signifies your consent to release the records of this student.

If required by the college, these forms MUST be attached:
Secondary School Report ____
Counselor Recommendation Form ____
Mid Year Report ____
Brag Sheet/Resume (required to complete above forms) ____

Registrar Office Use Only
Sent: ____________

Sent: ____________