

REQUEST FOR TRANSCRIPT FOR FORMER STUDENTS

Lincoln High School

Full Name at Graduation: _____

Birthdate: _____ Graduation Year: _____

SIGNATURE: _____

Contact Phone #: _____

Former students over the age of 18 must request transcripts themselves.

**We are not allowed to give official transcripts directly to students. Lincoln High School MUST mail or fax the official transcript to a College, University, or Employer.

Name and FULL address of institution to receive my transcript:

A FEE OF \$5.00 WILL BE CHARGED FOR EACH GRADUATE TRANSCRIPT