

REQUEST FOR TRANSCRIPT

Current Senior
Lincoln High School

Student Name: _____

Birthdate: _____ STUDENT ID NUMBER: _____

I will be responsible for picking up and mailing my documents.

SIGNATURE: _____

I am requesting ____ transcripts for the following institutions/scholarships:

Please check which Transcript option you prefer:

- Transcript with ACT Scores/Senior Schedule
 - Please also include SAT/PSAT Scores
- Transcript Only

The first two transcripts are free of charge, after that there is a \$1.00 advanced fee for each subsequent transcript ordered. Transcripts are available for pick up Friday after school.

FOR OFFICE USE ONLY

- Counselor Approved
- Paid in Full
- Pay at Pick Up -
_____ amount owed.