LAS LOMAS HIGH SCHOOL – TRANSCRIPT REQUEST FORM

(Former student)

Must be signed and mailed or delivered to Las Lomas High School (Main Office)
1460 South Main Street, Walnut Creek, CA 94596

NAME_____

(While in attendance) LAST FIRST (MAIDEN – IF APPLICABLE)

_____ _____ _____

Year of Graduation or attendance # of copies @ $ 6.00 each Date of request

_____ _____ _____

Date of birth Telephone # Current Address

ADDRESS (ES) WHERE TRANSCRIPTS ARE TO BE SENT:

_____ _____

_____ _____

_____ _____

_____

Signature of Requestor

FOR OFFICE USE ONLY

_____

DATE SENT INITIALS FEE PAID INITIALS