Transcript Request Form For Currently Enrolled Students
LAS LOMAS COUNSELING OFFICE

Check One:
- ☐ **Send Now**
- ☐ **Give to Counselor**
- ☐ **Mid-Year Report – send after 1st semester grades are recorded**
- ☐ **Final Transcript – send after graduation/end of school year**

Name: _____ **Student Number:** _____

_____	_____	_____	_____
Year of Graduation	**Number of copies**	**Date Requested**	**Counselor**

Address a stamped #10 envelope (4" x 9½") for each school or program that is requesting a transcript. If transcript is for yourself, write "self" in the space provided, we will put your transcript in a sealed envelope.

Transcripts are $4 each - $5 each if you don't provide the envelope.

Send transcripts to: (YOU MUST PROVIDE COMPLETE ADDRESS: name of school/program, address, city & zip code)

1	**2**

Additional schools may be listed on reverse side

_____
Signature of Requestor

For office use only

_____	_____	_____	_____
Date Sent	Initials	Fee Paid	Initials

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5	**6**