

**Liberty North High School Records Request**

1000 NE 104<sup>th</sup> St

Liberty, MO 64068

816.736.5537 Fax 816.736.5515

Email request to [gail.stark@lps53.org](mailto:gail.stark@lps53.org) or [elizabeth.stukes@lps53.org](mailto:elizabeth.stukes@lps53.org)

**Current Name** \_\_\_\_\_

**Official Name While attending LNHS** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

**Year of Graduation** \_\_\_\_\_

- Official transcript stamped and sealed envelope
- Unofficial personal copy of transcript
- Immunizations records
- Other \_\_\_\_\_
- IEP Contact Kathy Haley at [kathy.haley@lps53.org](mailto:kathy.haley@lps53.org) or 816.736.6725.
- 504 Contact Andrea Snider at [andrea.snider@lps53.org](mailto:andrea.snider@lps53.org) or 816.736.6746

**Mail/fax/email records to:**

College/Agency/Individual/Other \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

FAX: \_\_\_\_\_ Attention To: \_\_\_\_\_

Pick up by applicant or other authorized person \_\_\_\_\_

Allow 5 working days to issue a transcript during the semester and up to 15 working days during high volume times. All mailings will be sent via First-Class postage weekly. At this time there is no fee.

**Student signature is required by Federal Law for your transcript to be issued.**

**Student signature required** \_\_\_\_\_

**Today's date** \_\_\_\_\_