

Transcript Request Form

Los Alamitos High School, Attn: Records, 3591 Cerritos Avenue, Los Alamitos, CA 90720

Name while attending school (print): _____ Date: _____

Indicate the number of records being requested. Each copy is \$3. Seniors can pay a one-time fee of \$10 for the year.

Make check or money order payable to Los Alamitos High School (LAHS).

Proper identification is required for all requests. Please include a copy of identification if request is mailed.

Official transcript: _____ Unofficial transcript: _____ Immunization: _____

Mail records to the following (or write "will pick up"):

1. Name: _____

Address: _____

2. Name: _____

Address: _____

Signature: _____

Date of Birth: _____

Phone Number: _____

Graduation Year: _____

Revised 9/22/16

For office use only		
_____	_____	_____
Date mailed/picked up	I.D.	Paid: C Ck MO