

Liberty North High School Records Request

1000 NE 104th St

Liberty, MO 64068

816.736.5537 Fax 816.736.5515

Email request to gail.stark@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 or 504 Contact Kathy Haley at kathy.haley@lps53.org or 816.736.6725.

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 _____