



# Lakewood High School Transcript Request Form

*Transcript requests only accepted by the student. Requests cannot be made on behalf of someone else.*

*For Office use only:*  
Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please use name shown on school record)

Date of Birth: \_\_\_\_\_

Graduated	<input type="checkbox"/>
Withdrew	<input type="checkbox"/>
Year:	_____

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

Phone: \_\_\_\_\_

Please forward transcript to:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| 3. _____ | 4. _____ |
| _____    | _____    |
| _____    | _____    |

*I hereby authorize Lakewood High School to release the transcript of my academic record.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid - Amount: \_\_\_\_\_

No Charge

**COST PER TRANSCRIPT = \$5.00**  
*(Rate effective 2/12/24)*  
**CASH OR MONEY ORDERS ONLY**  
*Government issued ID required (driver's license, state ID or passport).*

**Transcript Office Hours**  
**September - May: 9:00 AM - 2:30 PM**  
**June - August: 9:00 AM - 1:30 PM**

**Lakewood High School Records**  
**14100 Franklin Blvd.**  
**Lakewood OH 44107**