



LAKE COUNTY HIGH SCHOOL TECHNOLOGY CAMPUS

Cosmetology Transcript Request

Date: _____

Student Name: _____

Drop Year: _____ Graduation Year: _____

Social Security Number: _____

Current Address: _____

Phone Number: _____

Current Email Address: _____

I REQUEST TO SEND MY TRANSCRIPTS TO:

Name of the Organization: _____

Address: _____

Contact Person: _____

OFFICE USE ONLY

Transcript prepared by: _____

Date sent: _____