



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 - 2:00 PM
June - August: 9:00 AM - 1:00 PM

Lakewood High School Records
14100 Franklin Blvd.
Lakewood OH 44107