Lynwood Community Adult School

Transcript Request Form

High School / GED (prior to 2014 only)

Date:_____ Student Name:_____ DOB:_____
Address:_____
City:_____ State:_____ Zip:_____ Phone #:_____
Email:_____

Date of Attendance or GED test dates:_____
Name used while attending:_____

Social Security #(GED testers only):_____

Check one:

___Please mail my transcript to the following home or organization
___Please hold my transcript for pick up

Home/Organization Name:

_____
Address:_____
City:_____ State:_____ Zip:_____
Phone #:_____ Email:_____

Student Signature:_____

FEES FOR TRANSCRIPTS

High School Transcripts: $10.00 GED Transcript: $10.00

All Additional Copies: $10.00