

LAKE ORION COMMUNITY SCHOOLS
TRANSCRIPT REQUEST – Former Students/Graduates

<i>LAKE ORION HIGH SCHOOL</i> 495 E. Scripps Rd. Lake Orion, MI 48360 Records Ph #: 248-693-5638 Records Fax #: 248-693-5659 Kristin.Varney@lok12.org – Records Secretary Lindsay.Korsan@lok12.org – Counseling Secretary	<i>LEARNING OPTIONS / PHASES / ADULT ED</i> 455 E. Scripps Rd. Lake Orion, MI 48360 Ph #: 248-693-5450. Fax #: 248-693-5670 Elizabeth.Spearing@lok12.org - Secretary
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Full Name: _____

Last Name While Attending (if different): _____

Date of Birth: _____

School Attended: ☐ Lake Orion High School ☐ Learning Options ☐ Adult Ed ☐ PHASES

Year Last Attended: _____ Grade Last Completed: _____

Phone Number: _____ Alt. Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Payment

Processing Fee: \$5.00

____ Cash ____ Check [Check #: _____]

Delivery

____ Pick Up

____ Mail Transcript To: _____

Please be informed of the following:

1. Student will have the right to request review of these records and challenge the contents thereof.
2. Records will not be open to a third party without the written consent of the student.

Signature

Date