

Transcript Request

Lingle-Ft. Laramie Schools
404 3rd street-PO BOX 379
Lingle, Wyoming 82223
Phone : (307) 837-2296 Fax : (307) 837-3025
Email: jscott@goshen1.org or chergert@goshen1.org

All requests must be made in writing by the student of record.

Please email or fax this form to the high school, most requests will be fulfilled within 72 hours.

Date of Request: _____

Year of Graduation: _____ Non-Graduate, Last Year Attended: _____

Name: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Signature: _____

Send Transcripts To:

College/Business:

Street Address w/ City, State, Zip: _____

Fax Number: _____ Email Address: _____

College/Business:

Street Address w/ City, State, Zip: _____

Fax Number: _____ Email Address: _____