Liberty North High School Records Request

1000 NE 104th St
Liberty, MO 64068
816.736.5537 Fax 816.736.5515
Email request to gail.stark@lps53.org or elizabeth.stukes@lps53.org

Current Name_____

Official Name While attending LNHS_____

Telephone _____

Date of Birth (mm/dd/yyyy) _____

Year of Graduation _____

□ Official transcript stamped and sealed envelope

□ Unofficial personal copy of transcript

□ Immunizations records

□ Other _____

□ IEP Contact Kelcey Gillespie at kelcey.gillespie@lps53.org or 816.736.6725.

□ 504 Contact Denise Chavez-Seley denise.chavezseley@lps53.org at or 816.736.6746

Mail/fax/email records to:

College/Agency/Individual/Other _____

Address: _____

City/State/Zip _____

Email: _____

FAX: _____Attention To: _____

Pick up by applicant or other authorized person _____

Allow 5 working days to issue a transcript during the semester and up to 15 working days during high volume times. All mailings will be sent via First-Class postage weekly. At this time there is no fee.

Student signature is required by Federal Law for your transcript to be issued.

Student signature required _____

Parent/guardian if student under 18_____

Today's date _____