



LHS Transcript Request Form

Your Name: _____ **Request Date:** ____/____/____

Student Name at time of graduation: _____

(this *must* be your name at the time of graduation - otherwise we may not be able to find your records)

Student Date of Birth: ____/____/____ (DD/MM/YYYY)

Did you graduate from Lonoke High School? _____

If NO - Which years did you attend? _____ - _____

If YES - What year did you graduate? _____

Type of transcript being requested:

_____ Official Sealed Transcript

_____ Copy of Transcript

How would you like your transcript sent?

_____ **Mail** **Mailing Address:** _____

_____ **Email** **Email Address:** _____

_____ **Fax** **Fax Number:** _____

Signature: _____ **Date:** ____/____/____

Beginning July 1, 2022 - all official and unofficial hardcopy transcripts will require a \$2.00 processing fee paid to the Lonoke High School office. Check or exact cash will be accepted. Transcript requests will not be processed until payment is received.