

TRANSCRIPT (grades and test scores) REQUEST FORM

Fee: \$1.00 per transcript

Transcripts will be available for pick up 24 hours after the request and \$1.00 per transcript have been received in the office. Prior to students' graduation, parents may request a transcript. After graduation, only students may request a transcript.

Date requested: _____ Yr. of LCA Graduation: _____ Soc. Sec. #: _____

Student name (while enrolled at LCA): _____

Number of transcripts: _____ x \$1.00 per transcript

Pick up? _____ OR Mail to: _____

(Note: Transcript will be stamped "Issued to Student")

(Note: Some colleges require transcripts to be sent directly from the high school.)

Requested by: _____

Return this form and \$1.00 per transcript to:

LCA Senior High
Transcript Request
450 West Reynolds Road
Lexington, KY 40503

Office use only:	Date rec'd _____	Paid? _____
	Date picked up _____	Date mailed _____