

**LAKEVIEW SCHOOL DISTRICT
REQUEST FOR LAKEVIEW HIGH SCHOOL TRANSCRIPT**

Student Name _____

Name when enrolled _____

Year of completion _____

Current Address _____

City _____ **State** _____ **Zip** _____

Current Phone Number _____ **Birthdate** _____

Reason for transcript request:

Employment **College/University**

Other, explain _____

Please mail my transcript to: _____

Address _____

City _____ **State** _____ **Zip** _____

Please fax my transcript to: _____ **Fax # :** _____

Signature: _____ **Date:** _____

When mailing your request to us please include:

- **This completed request form, signed and dated**
- **A copy of your valid photo ID**
- **Check or money order for \$10.00 made payable to Lakeview School District**

Mail to:

**Lakeview High School
15060 Helmer Road South
Battle Creek, MI 49015**

Questions? Call us at (269) 565-3720

Date Completed _____

Initials _____

Office use only

Office use only