

TRANSCRIPT/RECORD REQUEST FORM



L'ANSE CREUSE HIGH SCHOOL- NORTH
23700 21 MILE ROAD, MACOMB, MI 48042
(586)493-5270 ext. 1221

Fax: (586) 493-5276

Or Scan and Email the form to Shawna Waters at watersh@lc-ps.org

STUDENT'S NAME at graduation (Print) _____

GRADE _____ OR GRADUATION YEAR _____

DATE OF BIRTH _____ PHONE _____

I am requesting copy/copies of: LIST NUMBER NEEDED

TRANSCRIPT _____

EDUCATIONAL PLANNING REPORT _____ MEAP/MME SCORES _____

A.C.T. SCORES _____ BIRTH CERTIFICATE _____

S.A.T. SCORES _____ IMMUNIZATIONS _____

REPORT CARD _____ SCHEDULE _____

ATTENDANCE _____

OTHER _____

REASON FOR REQUEST: _____

SEND/GIVE/FAX TO: _____

WILL PICK UP: DATE _____ APPROX TIME _____

SIGNATURE _____ DATE _____

(Office Use Only) PICKED UP/SENT/FAXED DATE: _____

*LAW REGARDING REQUESTS FOR RECORDS/TRANSCRIPTS: IF A STUDENT IS UNDER EIGHTEEN, WE NEED A PARENT/GUARDIAN SIGNATURE IF GIVEN TO A THIRD PARTY. IF STUDENT IS EIGHTEEN OR OLDER, WE NEED STUDENT'S SIGNATURE OR RELEASE FROM STUDENT FOR ANYONE REQUESTING RECORDS/TRANSCRIPTS (EVEN PARENTS).

*IF SENDING TO ENROLLING SCHOOL OR COLLEGE, DO NOT NEED A RELEASE, IF ACCOMPANIED BY COUNSELOR'S RECOMMENDATION FORM.