



TRANSCRIPT REQUEST FORM

This completed form **MUST** accompany all transcript requests! Please be careful to include specific, detailed mailing information so that your transcript can be forwarded to the appropriate office, department or individual. Failure to do so, could hold up your application process.

Legal Name (as it appears in PowerSchool): _____

School #1: _____

Mailing Address School #1: _____

Mailing City #1: _____ **Mailing State/Zip #1:** _____

School #2: _____

Mailing Address School #2: _____

Mailing City #2: _____ **Mailing State/Zip #2:** _____

Additional Instructions: _____

Lee Academy Counselor you are working with: _____

Student Signature: _____

**RETURN THIS FORM TO MRS SHELLEY
WYMAN, LEE ACADEMY REGISTRAR**

_____ (sent/date)