

JOHANNESBURG-LEWISTON HIGH SCHOOL TRANSCRIPT REQUEST

Please **print** and complete all information so your record can be found.

Student's Last Name - _____

Student's First Name - _____

Middle Initial - _____

Maiden names and all previous names -

Date of Birth - _____

Graduation Year - _____

Current Phone Number - _____

Address where you would like your transcript sent –

Student's Signature - _____ Date - _____

Office Use Only:

Sent by: _____ Date: _____

OTHER

Homeschool (per letter)

Drop Out

Other Educational Services (per letter)