DATE SENT	
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BY_____

Lee Academy

Transcript Request Form

Date:	 Transcript Fee:	\$5.00 per copy
Number of Copies:		
Send Official copy to:	 	

All transcripts are issued only at the written request of the student.

Transcripts issued to the student or mailed to the student will not be stamped as official. Official transcripts must be mailed directly to another school, college, university, or to an official of an organization.

Transcripts will be sent as soon as possible, usually within two days.

Student information

Name:	,	,,,,	
Last	First	MI	Maiden
Social Security Number:_			
Date of Birth:			
Year of Graduation:			
My signature authorizes t to the person or agency th	-		at Lee Academy
Student's Signature:			
Current Address:			
Telephone Number:			