

Linganore High School

PREVIOUS STUDENT REQUEST FOR TRANSCRIPT

(One form must be completed for each transcript being sent)

Allow 10 business days for completion

Name _____ DOB _____

Name While Attending (if different) _____

Last Year Attending (Year of Graduation) _____

Phone _____ Email Address _____

Transcript Request For _____

Address To Be Sent _____

CHECK ALL THAT APPLY

- I graduated from Linganore High School
- I will pick-up my transcript when ready
- Official Transcript (\$1.00 fee required)
- Un-official Transcript (\$1.00 fee required)
- Send electronically (no fee)

Signature

Date

For Office Use Only

- Cash
- Check # _____
Amount Paid _____

Date Received _____

Date Released _____

Released to F M P R S