

# TRANSCRIPT REQUEST FORM

Fill out this form if you wish a transcript of your high school credits sent to a college, university, etc.  
NOTE: A \$1.00 fee will be charged on all transcripts. This form NOT for use by current students.

Dates attended Lamar: \_\_\_\_\_ Are you a graduate of Lamar? \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Your name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mail transcript to: \_\_\_\_\_

Address: \_\_\_\_\_

Street/P.O. Box

City

State

Zip

Include Class Rank/GPA

Official Copy

Unofficial Copy

Hold for pick-up

Mail to person/Institution listed above

\*\*\*\*Transcripts mailed to students will be stamped as "Issued to student." Many institutions require that transcripts be mailed directly from Lamar, rather than being hand-carried by the student.

Number of copies requested: \_\_\_\_\_

Signature \_\_\_\_\_

Mail this form, along with a CLEAR copy of your drivers license and the appropriate fee to:

*Office of Student Records  
M.B. Lamar High School  
3325 Westheimer Road  
Houston, Texas 77098*

*For office use only. Do not write below this line.*

Date Transcript Sent: \_\_\_\_\_

Amount due: \$ \_\_\_\_\_

Paid: Yes / No

Notes: