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# LINCOLNWOOD JR/SR HIGH SCHOOL

One person's heart and desire is another person's inspiration!

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## Transcript Request Form

To request a copy of a high school transcript, please provide the following information:

Name of student *(at time of graduation or withdrawal)* \_\_\_\_\_

Year of graduation or last year of attendance \_\_\_\_\_ Date of birth \_\_\_\_\_

Current name of student/alumni (please print) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (optional) \_\_\_\_\_

Please send to:

Student at above address

School or business listed below

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of student/alumni \_\_\_\_\_

Date of request \_\_\_\_\_

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