

TRANSCRIPT REQUEST FORM

LINCOLN HIGH SCHOOL

DATE _____

YEAR OF GRADUATION _____

Phone Number: _____

NAME _____ / _____ D.O.B. _____
Last First

Include one legal sized, (9.5" x 4") addressed (where you want the transcript mailed), stamped (CURRENT POSTAGE) envelope per request.

LEAVE RETURN ADDRESS BLANK. LHS WILL COMPLETE.

To be completed by office staff:

Date completed: _____ by: _____

Submit to: Debra Dunne, Registrar
Lincoln High School
6844 Alexandria Place, Stockton, CA 95207
209.953.8915

Or you may fax this request to: 209-952-4646

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