

TRANSCRIPT REQUEST FORM

LINCOLN HIGH SCHOOL

DATE _____

YEAR OF GRADUATION _____

Phone Number: _____

NAME _____ / _____ D.O.B. _____

Last

First

Include one legal sized, 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

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