

## GRADUATE Transcript Request Form

Today's Date: \_\_\_\_\_

Full Name (at time of graduation): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Select one of the following options:

\_\_\_\_\_ I will pick up my transcript at Lebanon High School in 2-3 days.

\_\_\_\_\_ I would like my transcript mailed to: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

\_\_\_\_\_ Please fax to: (     ) \_\_\_\_\_

**Please send this form, along with a \$3.00 processing fee (cash, check or money order payable to Lebanon High School) to:**

**Lebanon High School  
Attn: Transcripts  
1916 Drake Road  
Lebanon, OH 45036**

**Phone: 513-934-5106  
Fax: 513-228-1946**