

LAPWAI SCHOOL DISTRICT #341

Transcript Request Form

**404 S. Main
Lapwai, Idaho 83540
(208) 843-2622**

Name: (First Middle Last) _____ **Date** _____

D.O.B: _____ **Year of Graduation or Attended** _____

**(Please allow 48 hours to process transcript request upon receiving)
IF YOU GRADUATED PRIOR TO 2014 please submit \$2 for processing of this transcript.**

Send Transcript To:

Name of College: _____

Attention: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Name of College: _____

Attention: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Name of College: _____

Attention: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Your Mailing Address: Street: _____ City _____ State: _____ Zip _____

Send Completed Form To:

Attention: Rhonda Taylor

Lapwai High School

404 S. Main St

Lapwai ID, 83540

***I give permission for Lapwai High School to release my transcript
to the school listed above.***

Signed: _____ Date: _____

FAX TO: (208) 843-5289 Email: jnellesen@lapwai.org