

LAPWAI HIGH SCHOOL
Transcript Request Form
404 S. Main Street
Lapwai, ID 83540
Phone 208-843-2241, Fax 208-843-5289

Date: _____

Name: _____
 First Middle Last

Maiden Name: _____ Date of Birth: _____

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: _____

Please provide your contact information:

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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

Signature: _____ Date: _____

Send Completed form to:

By mail to: Lapwai High School, Attn: Rhonda Taylor, 404 South Main Street, Lapwai Idaho 83540 or fax to 208-843-5289 or e-mail form to jnellesen@lapwai.org.