

LAMPETER-STRASBURG HIGH SCHOOL
1600 BOOK ROAD, PO BOX 428
LAMPETER, PA 17537
717-464-3311 FAX 717-509-0301

TRANSCRIPT RELEASE AUTHORIZATION

STUDENT NAME _____ MAIDEN NAME _____

TRANSCRIPT is to be sent to: _____ YEAR OF GRADUATION _____

(NAME of SCHOOL/COLLEGE/UNIVERSITY/SCHOLARSHIP/EMPLOYER)

(ADDRESS)

Signature of Parent/Guardian or Student If 18 Years Old or Older

Application type:

- Paper
- Online
- Common Application

Application deadline:

- Postmarked by _____
- Received by _____

Items for student to enclose if needed:

- Stamped Envelope
(Needed for mailed transcripts)
- Completed paper application
- School Report/Counselor Form
- Essay/Personal Statement
- Application Fee/Fee Waiver
- Teacher Recommendations:

*Please allow 3 business days for processing

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(FOR OFFICE USE ONLY)

Date Received: _____

Date Sent: _____

Semester Grades Sent: _____

Final Transcript Sent: _____