

**LANIER HIGH SCHOOL TRANSCRIPT REQUEST**

Today's Date: \_\_\_\_\_ (Allow **48** Hours for pick-up.)

Number of Transcripts Needed: \_\_\_\_\_

Immunizations (shot record):    **Yes**    **No**    How many copies: \_\_\_\_\_

Test Scores (ACT & SAT):    **Yes**    **No**    How many copies: \_\_\_\_\_

Name: \_\_\_\_\_    St. ID: \_\_\_\_\_

Birthdate: \_\_\_\_\_    Graduation Year: \_\_\_\_\_

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

**\*\*\*There is a \$5.00 fee for each copy\*\*\***