

Lake Stevens High School

2908 113th Avenue NE Lake Stevens, Washington 98258 (425) 335-1515 FAX (425) 335-1524

Leslie Ivelia, Principal
Dan Alderson, Associate Principal
Debra Hay, Associate Principal
Tonya Grinde, Associate Principal
Dan Tedor, CTE Director
Jason Pearson, Associate Principal, Athletic Director

Please complete and sign this form to request a copy of your high school transcript.

Transcripts cannot be requested over the phone, by email or by a third party (i.e. a parent or guardian).

*Once a student is 18 or in a post-secondary setting, we are required by the Family Educational Rights and Privacy Act of 1974 (FERPA) to have the student's hand-written signature to release the transcript.

All fines and fees must be paid in order for an official signed and sealed transcript to be released.

Student Name:		Date of Birtl	n:Phone:	
Other name used at school (if app	licable):			
GraduateNon-Gr	aduate	Current Student	Grad Year:	
I will pick up transcript(s)	in person at	LSHS. (Please allow 48	3 hours notice)	
Number of unofficial transcripts r	equesting:			
Number of official signed and sea	led transcrip	ts requesting:		
This request is authorizing Lake S	Stevens High	School to:		
Fax unofficial transcript to:	Name:			
	Fax Num	nber:		-
Email unofficial transcript to:	Name:			
	Email:			
Mail transcript to:	Name:			-
	Address:			
Student's Signature:			Date:	

(A parent may only sign if the student is under 18 years of age)

Return completed form email to:

lshs Transcripts@lkstevens.wednet.edu