

# Lowell High School Official Transcript Request Form

Allow 3 business days for processing of your request

Today's Date \_\_\_\_\_

Graduation Date: \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

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Please have my current high school transcripts mailed or faxed to the following institutions:

1. Name of Institution

Address

Fax (if applicable)

2. Name of Institution

Address

Fax (if applicable)

3. Name of Institution

Address

Fax (if applicable)

I release my transcripts to the above listed institutions. \_\_\_\_\_

Signature