

Sheboygan Lutheran High School

Transcript Request Form

Student Name: _____ Class of: _____

Telephone #: _____ E-mail: _____

Student Signature: _____ Today's Date: _____

Documents Needed: _____ Official Transcript (signed & embossed)
(indicate # on lines provided) _____ Unofficial Transcript (reference copy)

Send Transcripts By:

_____ Mail Name/Dept.: _____
Company/School: _____
Address: _____
City/State/Zip: _____

(please print clearly)

_____ I will pick up my transcripts on this date _____.

ACT Score: YES NO

PLEASE ALLOW 3 DAYS FOR REQUESTS TO BE PROCESSED

* Mail transcript requests
to Sheboygan Lutheran High School, ATTN: School Counselor, 3323 University Drive,
Sheboygan, WI, 53081 * or drop off form in the LHS Counseling Office