

Lake George Jr.-Sr. High School

TRANSCRIPT REQUEST FORM

A transcript request must be made by the student. Please fill out this form in its entirety.

Full Name (please print): _____

Maiden/former name (if applicable): _____

Date of birth: _____

Mailing address: _____

Daytime phone: _____

Are you a graduate of Lake George? If YES, which year _____. If NO, year of exit _____

Signature: _____ Date: _____

**Photo ID is required for copies of transcripts that are picked up, mailed or emailed.
Photo ID is not required if a transcript is going directly from LGHS to a college/university.*

Please print the mailing address/email address/fax number where transcript will be sent:

(College/Dept, Employer, Self)

(Mailing Address /Email address/Fax number with area code)

(City, State, Zip)

Mail/fax/email this form to:

Lake George Jr.-Sr. High School c/o The Counseling Center

381 Canada Street Lake George, NY 12845

Fax: (518) 668-3796

Email: crislerk@lkgeorge.org

*Please note: We do not have copies of high school diplomas.
Turn-around time to process your transcript request is approximately 1 day.*