



Lewiston High School

Registrar
3201 Cecil Andrus Way
Lewiston, ID 83501

High School Transcript Request Form

(COMPLETE AND MAIL THIS FORM TO YOUR HIGH SCHOOL REGISTRAR)

Transcripts will be mailed. No transcripts will be faxed

Name student used while in school: _____

Address: _____

Date of birth: Month _____ Day _____ Year _____

Last Year in attendance: _____ Did student graduate? () Yes () No

Any additional instructions?

Who do I address the envelope or fax ?

Address where transcript is to be mailed: _____

Telephone number where you can be reached: _____ Cell _____

_____ Date _____

Student Signature (current name used)

You will need to submit the above Transcript Request Form along with \$4.00. Please allow 3 – 5 business days for processing request from the time the Transcript Request form and \$4fee is received in the Registrar's office.

Acceptable forms of payment are cash, cashier's check or money order.

Mail or drop off transcript request and fee to above address.

If paying by money order or cashier's check, please make payable to: Lewiston High School.
For further questions or information, please call (208)748-3117.