

# TRANSCRIPT REQUEST FORM – High School/GED

## Lakewood College – TRANSCRIPT PROCESSING

2231 North Taylor Rd,  
Cleveland Heights, OH 44112

**TO THE STUDENT:** Fill out this form as soon as you can

Send the completed form to the high school where you graduated. If you are required to pay a fee for this service, please send it with this form to avoid a delay.

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**Circle One:** Male / Female

**Student's Name:** \_\_\_\_\_

**Lakewood College Student Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Maiden Name (or former name, if applicable):** \_\_\_\_\_

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**Name of High School or GED Program:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Enrolled from:** \_\_\_\_\_ **to** \_\_\_\_\_ **School Phone:** \_\_\_\_\_  
(Graduation Date)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO THE HIGH SCHOOL/GED REGISTRAR

1. Please send an official copy of the student's transcript showing courses taken, grades received, credits earned (or test scores if GED was awarded), and when the student earned a diploma. No other information is necessary. If a fee is due for this service, please contact the student.
2. **EXTREMELY IMPORTANT:** PLEASE WRITE THE LAKEWOOD COLLEGE STUDENT NUMBER (LISTED ABOVE) ON THE TRANSCRIPT, OR SEND A COPY OF THIS FORM WITH THE TRANSCRIPT.

*Lakewood College*  
*Transcript Processing*  
*2231 North Taylor Rd.*  
*Cleveland Heights, OH 44112*  
*Phone: 1-800-517-0857*