

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 $5.00. Please allow 3 – 5 business days for processing request from the time the Transcript Request form and $5 fee 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.