

**LAKEVIEW SCHOOL DISTRICT
REQUEST FOR GED TRANSCRIPT/SCORES**

Student Name _____

Name when enrolled _____

Year of completion _____

Current Address _____

City _____ State _____ Zip _____

Current Phone Number _____

Birthdate _____ Social Security Number _____

Email Address _____

(We will use your email address to send a confirmation once it's processed.)

Reason for transcript request:

† Employment † College/University

Other, explain _____

Please mail my transcript to: _____

Address _____

City _____ State _____ Zip _____

Please fax my transcript to: _____ Fax # : _____

Signature: _____ Date: _____

When mailing your request, please include:

- This completed request form, signed and dated
- A copy of your valid photo ID
- A MONEY ORDER for \$10.00 made payable to Lakeview School District (*Sorry we no longer accept personal checks.*)

Mail to:

Lakeview High School
15060 Helmer Road South
Battle Creek, MI 49015

Questions? Call us at (269) 565-3720

***PROCESSING MAY TAKE UP TO 10 BUSINESS DAYS FROM THE TIME WE RECEIVE YOUR REQUEST.**

Date Completed _____ Office use only _____

Initials _____ Office use only _____