



Liberty High School Transcript/Record Request Form

Erica Meintz, Registrar
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PLEASE PRINT:

Year of Graduation _____ or Last Year Attended _____

Name _____
Last Name while enrolled at LHS First Name Middle

Home Address _____ City _____

State _____ Zip Code _____ Phone _____

Official (preferred for colleges/scholarships) **Unofficial**

Do you want ACT scores included in the transcript? Yes No

Where do you want us to send Record/Transcript?

- | | |
|---|--|
| <input type="checkbox"/> College/University/Vocational/Technical School | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Student Hand-Carry to Institution | <input type="checkbox"/> Military |
| <input type="checkbox"/> Scholarship/Financial Aid Application | <input type="checkbox"/> Self/Personal |

Name of College/Employer: _____

Street Address: _____

City, State, Zip: _____

Other: _____

If your college application requires an electronic transcript or if you desire it to be sent electronically, please sign below. Please know that this document will not be considered secure.

Yes, please send my transcript electronically to: _____
Email address

I authorize Liberty High School to release all requested records and recommendations to colleges to which I am applying for admission.

Signature of Student (Or Parent/Guardian if student is under 18)

Date

**Please attach all necessary paperwork to be mailed with the transcript and return to the Registrar or Counselor.
Please allow 24 to 48 hours to process this request.**

For office use only:

Date Received: _____ Date Sent: _____ Mailed: _____ Faxed: _____ Hand Delivered: _____ Initial: _____