



High School Diploma and High School Equivalency (HSE) Transcript Request Form

Date _____

Student Name _____

Address _____

City _____ **ST** _____ **Zip** _____

Date of Birth _____ **Phone Number** _____

Dates of Attendance _____ **Or Date of HSE Test** _____

Social Security Number: (only for HSE) _____

- Please hold for pick-up
- Please mail a copy of my transcript to the following organization:

Organization Name _____

Address _____

City _____

ST _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Note: If this is a mail-in request, please include a photo copy of your state issued identification

Student Signature _____

Fees for Transcripts

QTY	Transcript Type	Total
	High School Transcripts: \$10.00 (1 st Copy)	
	Additional HSD Copies: \$5.00	
	HSE Transcript: \$10.00 (1 st Copy)	
	Additional HSE Copies: \$5.00	
	Grand Total	

Please enclose a money order payable to:
Lynwood Community Adult School