



LAWTON COMMUNITY SCHOOLS

101 PRIMARY WAY • LAWTON, MICHIGAN 49065

TRANSCRIPT REQUEST FORM

DATE: _____

TO: **If you graduated within the past 10 years:**

Amanda Steinke
Lawton High School
101 Primary Way
Lawton, MI 49065
Phone: (269) 624-7805
Fax: (269) 624-6554
Email: asteinke@lawtoncs.org

TO: **If you graduated 11 years or more ago:**

Denise Cody
Lawton Community Schools
101 Primary Way
Lawton, MI 49065
Phone: (269) 624-7901
Fax: (269) 624-6489
Email: dcody@lawtoncs.org

FROM: _____

I, _____, _____, am requesting a copy
(Current Name) (Maiden Name)

of my high school transcript faxed to: _____
Name of College/Business and Contact Person

fax number: _____ **OR** mailed to: _____
Name of College/Business

Street Address City, State Zip

for the purpose of: _____
(employment, college, [list specific reason])

I graduated in _____
(year of graduation)

Signature Date

I can be reached at _____ and _____
Email phone

IMPORTANT: Also, fax, email or send a **copy of your driver's license** to verify identity.
DIPLOMAS are not available if you graduated more than ten years ago; however, a graduation date on your transcript will verify Lawton High School graduation. Thank you.



Elementary School 269.624.7500 • Middle School 269.624.7600 • High School 269.624.7800
LAAC 269.624.7542 • Superintendent 269.624.7901 • Business Office 269.624.7906
Website: www.lawtoncs.org