



LeMars Community High School

921 Third Avenue Southwest, LeMars, Iowa

Telephone (712) 546-4153

Dr. Mark Iverson
Principal

Mr. Adam Moss
Assistant Principal

Mr. Dave Irwin
Activities Director

OFFICIAL TRANSCRIPT REQUEST FORM

- Transcript requests may be returned by mail
- In-person
- Fax to 712-546-9581
- Scan and email to amy.schmidt@lemarscsd.org Between June 10 and August 1 send to mark.iverson@lemarscsd.org.

In order to process the transcript request a signature is required. If the transcript is for a student or former student over the age of 18, the student/former student must make the request.

Legal Name: _____

Maiden or Former Name: _____

Date of Birth: _____ Graduation Year: _____

Phone Number: _____ (This is required for contact if there is a problem processing the request.)

E-mail: _____

I hereby authorize Le Mars Community High School to release records to the place(s) listed below.

Signature: _____ Today's Date: _____

Please print where to send the transcript: name/place, complete addresses, city, state, and zip code.

| | |
|---------|---------|
| 1 _____ | 2 _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FOR OFFICE USE ONLY: Date Request Received: _____ Date Transcript Mailed: _____ Sent By: _____