



TRANSCRIPT REQUEST

Final transcripts are not issued until all outstanding accounts are paid. Mail transcript requests to:

**Records Office
Lodi Academy
1230 S. Central Avenue
Lodi, CA 95240**

Your name in high school: _____ Date of Birth: _____

Current name if different from above: _____

Phone number: _____ Email: _____

Address: _____ City/State/Zip: _____

Did you graduate from Lodi Academy? Yes No Not sure

If yes, year of graduation: _____ If no/not sure, list years attended: _____

Other high schools or programs attended: _____

Transcripts Needed:

(indicate # of each on the lines provided)

_____ Official Transcript (*signed & embossed in sealed envelope*)

_____ Transcript – Faxed (*signed but not embossed; faxed*)

_____ Unofficial Transcript (*stamped UNOFFICIAL; reference copy*)

_____ Other (*please explain*)

Send Transcripts By:

_____ Fax ATTN: _____

Fax #: _____

_____ Mail Name/Dept: _____

Company/School _____

Address: _____

City/State/Zip: _____

(Add additional addresses on back of form as needed)

_____ Pickup at the School Office (*If someone other than the student or parent/guardian will pick up, please write an authorization note on the back side of this form*)

Signature: _____ Today's Date: _____

(must be signed by parent/guardian if student is a minor)

OFFICE USE

Completed by _____

Date Transcripts Completed _____