



TRANSCRIPT REQUEST

Diplomas are not released until all outstanding accounts are paid.

Transcript requests can be turned in by delivering this form to the office in person, or by mailing/emailing this form to:

EMAIL: Registrar@LodiAcademy.net

USPS: 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: _____

Mailing Address: _____

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*)
- ___ Official Transcript - Emailed directly from Registrar
(*signed but not embossed*)
- ___ Unofficial Transcript (*stamped UNOFFICIAL; reference copy*)
- ___ Other (*please explain*)

Send Transcripts By:

Email: ATTN: _____

Email Address: _____

USPS 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 _____