

Lee's Summit North High School

Guidance & Counseling Center

901 NE Douglas Street

Lee's Summit, MO 64086

816.986.3003 • FAX 816.986.3172



Former Student Transcript Request Form (must be signed by former student if over 18 years of age)

NAME _____ (while attending LSN)

CURRENT NAME IF DIFFERENT _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE NUMBER _____

EMAIL ADDRESS _____

BIRTHDATE _____ YEAR OF GRADUATION OR INTENDED GRADUATION _____

Mail/fax information to:

COLLEGE/UNIVERSITY/OTHER _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

SIGNATURE

DATE

Email to: karla.barnhill@lsr7.net

or

Fax to: 816.986.3172

or

Mail/ Lee's Summit North High School

Drop off to: Registrar's Office

901 NE Douglas St.

Lee's Summit, MO 64086