

**LEE'S SUMMIT HIGH SCHOOL  
FORMER STUDENT TRANSCRIPT REQUEST FORM**

*(Please Print Clearly)*

NAME(S) WHILE A STUDENT:

\_\_\_\_\_

(Last Name)

(First)

(Middle)

CURRENT NAME IF DIFFERENT:

\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

Name, specific office, and address where transcript is to be sent  
(complete mailing address required):

1 \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE REQUIRED)

\_\_\_\_\_  
(DATE)

FAX : 816/986-2094

OR MAIL TO: LEE'S SUMMIT HIGH SCHOOL  
OFFICE OF THE REGISTRAR  
400 SE BLUE PARKWAY  
LEE'S SUMMIT, MO 64063