

Official Transcript Request Form

Complete this form and return to the address below

An official copy of your transcript will be ready for pick up, mail or faxed to the provided address.

Mail form to: La Plata R-II High School
 201 West Moore
 La Plata, MO 63549

Date: _____ Graduation year: _____
or Year in School: _____ DOB: ____/____/____
Name: _____
 Last (Name while enrolled) First Middle

Home Address: _____
Phone/Cell: _____
City: _____ State: _____ Zip Code: _____

Reason: College Employment Personal

Please forward a copy of my transcripts to the following address:

College or Company: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
Attn: _____
Signature (required): _____