

Lutheran High School Westland
33300 Cowan Road
Westland, MI 48185
www.lhwl.lhsa.com
Phone: 734-422-2090 Fax: 734-422-8566

REQUEST FOR TRANSCRIPT

Student Full Name _____ Maiden _____

Date of Birth: _____ Year of Graduation _____

School (*circle one*) Westland West

ADDRESS OF COLLEGE/BUSINESS TO WHERE TRANSCRIPTS ARE TO BE SENT:

1. School/Company _____

Address _____

City, State, Zip _____

2. School/Company _____

Address _____

City, State, Zip _____

*For a transcript to remain official, it must be sent directly to the school or business.
Transcripts sent directly to student will be considered unofficial.
A transcript includes all semester grades, ACT/SAT test scores, date of graduation,
cumulative GPA, and class rank.*

Please enclose a \$3.00 check or money order made payable to Lutheran High Westland.

I grant permission for Lutheran High Westland to release my official transcript.

Signature _____ Date _____

Telephone # (_____) _____ or (_____) _____

Please return form to:
Records Office
Lutheran High Westland
33300 Cowan Road
Westland, MI 48185

Counselor: Tim Gieschen
tgieschen@lhsa.com

Office use only
Date received _____
Date Sent _____
Fee paid \$ _____