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Lamar County Schools

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Board Chair

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Transcript Request

Name _____ Date of Birth _____

Date of Graduation: _____ Date if Withdrew: _____

Maiden Name if Different: _____ Name of School: _____

Home Address: _____

Date Requested: _____ Signature: _____

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Office Use Only - Do not write below this line.

Fee(s) Collected: Transcript Fee: \$ _____ Postage Fee (if any): \$ _____ Total: \$ _____

Date Transcript was sent/picked up: _____ Initial: _____

"Learning TODAY to succeed TOMORROW."