



## Lex La-Ray Technical Center PN Official Transcript Request

Document requested is: \_\_\_\_\_ Academic transcript \_\_\_\_\_ Completion Certificate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Name at Graduation (if different): \_\_\_\_\_

Address to where transcript is to be mailed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

This form can be mailed to: Lex La-Ray Technical Center  
2323 High School Dr.  
Lexington, MO 64067

Person making request must be eighteen years of age; otherwise a parent/guardian's signature is required.

**All information above is required to obtain a transcript.**

**There is a \$5.00 charge per transcript that must be paid before it can be mailed, we accept cash, check or money order.**