



Lex La-Ray Technical Center 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.

There is a \$5.00 charge per transcript that must be paid before it can be mailed.