



Lexington R-V School District

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: Lexington R-V Board of Education
Attn: Transcript Request
2323A High School Dr.
Lexington, MO 64067

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): _____

Please include \$10.00 Cash for Money Order
for your Official Transcript Copy
NO CHECKS ACCEPTED