



# 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**