



Lake Pend Oreille School District #84

Administration Office 901 Triangle Drive Ponderay, Idaho 83852

Phone: 208/263-2184 Fax: 208/263-5053

Web: www.lposd.org

TRANSCRIPT REQUEST FORM

Current Name of Student _____

Date of Birth _____

SS# _____

Student Name When Attended School: _____

Student Current Address and Phone Number: _____

Date of Graduation or Last Date Attended: _____

School Last Attended: _____

Information to be sent to:

School Name/ Entity

Mailing Address City, State, Zip

Telephone Number

&

Fax Number

Please indicate the type and number of transcripts requested:

Sealed Official Transcript Number requested: _____

Unofficial copies of Transcript Number requested: _____

Fee Schedule:

\$5.00 for Official Transcript and any unofficial copies are included (1985 to present)

\$10.00 for Transcripts older than 1985

**Request will not be processed without payment of applicable fee.
All 2013 Graduates and Governmental Agencies are exempt from this fee.**

Signature of student requesting records or if under the age of 18
may be signed by a parent/legal guardian.

Date

**Send this signed form & check to:
Attn: Records LPOSD #84
901 Triangle Drive, Ponderay, ID 83852
YOUR REQUEST WILL BE PROCESSED IN 10 BUSINESS DAYS FROM RECEIPT**