

LAKE ORION COMMUNITY SCHOOLS  
**TRANSCRIPTS REQUEST – Former Students/Graduates**

Lake Orion High School

495 E. SCRIPPS ROAD

LAKE ORION, MI 48360

FAX: 248-693-5643

[LYNNE.KNIESS@lok12.org](mailto:LYNNE.KNIESS@lok12.org) ( Counseling

Office #1 Ph: 248-693-5640

[KRISTIN.VARNEY@lok12.org](mailto:KRISTIN.VARNEY@lok12.org) Counseling

Office #2 Ph: 248-693-5638

ADULT EDUCATION/LEARNING OPTIONS

Adult Ed. Ph 248-693-5436 prompt #2

Options Ph: 248-693-5450

(FAX): 248-693-5670

[ELIZABETH.SPEARING@lok12.org](mailto:ELIZABETH.SPEARING@lok12.org)

Full Name \_\_\_\_\_

Last Name *While attending* (if different) \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

School Attended: \_\_\_\_\_ Lake Orion High School \_\_\_\_\_ Options \_\_\_\_\_ Adult Ed

Year last attended \_\_\_\_\_ Grade last completed \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Payment:**

Processing Fee: \$5.00

\_\_\_\_\_ Check upon arrival \_\_\_\_\_ Cash upon arrival in person

**Delivery:**

\_\_\_\_\_ Pick Up

\_\_\_\_\_ Mail transcript to: \_\_\_\_\_

Please be informed of the following:

1. Student will have the right to request review of these records and challenge the contents thereof.
2. Records will not be open to a third party without the written consent of the student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date