



Lee A. Tolbert Community Academy
3400 Paseo Boulevard, Kansas City, MO 64109

TRANSCRIPT REQUEST

Please complete this form and return to the Admissions Office.

SCHOLAR'S INFORMATION

Scholar's Name: _____

Scholar's Maiden Name: _____

Address: _____

City / State / Zip: _____

Date of Birth: _____ Male Female

Graduated: Yes No Graduation Year: _____

Grade Attended From / Grade Attended To: _____

Years of Attendance: _____

RECIPIENT'S INFORMATION

Individual / Office Name: _____

Company / School Name: _____

Address: _____

City / State: _____

Telephone Number: _____

Fax / Email Address: _____

Send Transcript Via: Fax Email Mail

ADDITIONAL INFORMATION

Please request multiple copies and here.

I authorize the release of my transcript as indicated above.

Scholar's Signature

Date