



Official Request for Lansing School District

Please send this request to:
Lansing School District
 Department of Assessment
 and Pupil Accounting
 2400 Pattengill Ave.
 Lansing, MI 48910
 P (517) 755-2820

NOTE: Please allow up to 30 business days for processing.

Date of Request:	Number of Copies:	Identification Used (Copy of ID MUST accompany this request)
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Purpose of Request:

College/University Enrollment
 Obtain a State Identification
 Employment

Student Name (Please Print)		Former Name		Date of Birth	
Current Address		City		State	Zip Code
Home Telephone Number:		Work Telephone Number:			
School Attended	Last Calendar Year Attended	If graduated, please indicate year of graduation			

Type of Request:

Transcript
 57 HIGS H Scores

Release Records by:

Pick-up: Please call: Home Telephone Number Work Telephone Number

Fax To: _____

Mail To: (Please Print Clearly) It is the policy of the Lansing School District PACE Office not to mail records to a Lansing mailing address. They must be picked up.

Student is responsible for correct and complete address, if you are requesting transcripts to go to more than one address, please use a second sheet for subsequent address:

Student / Parent Signature: _____ Date: _____

Fee is \$5.00 for each Official Records Request and must accompany request.

PACE Office use only:

File Location: Digital _____ Microfilm _____ / _____ Microfiche Card

Student Number: _____ Date Completed: _____ MP: _____ Completed By: _____