



*Linganore High School*

Registrar's Office  
5850 Eaglehead Drive  
Ijamsville, MD 21754

**Previous Student  
Transcript Request**

Name: \_\_\_\_\_

Previous Last Name: \_\_\_\_\_

Last Year Attended (Year of Graduation): \_\_\_\_\_

Phone: \_\_\_\_\_

Please send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will pick-up

I have attached \$2.00 to this request  
(Cash, Check or Money Order)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

<input type="checkbox"/> Cash	
<input type="checkbox"/> Check	✓# _____
<input type="checkbox"/> Money Order	_____
Amount Paid	_____

Date Received \_\_\_\_\_

Date Released \_\_\_\_\_