

**Laconia High School
Transcript Request Form**

Name: _____

Maiden Name: _____

Year of Graduation: _____

Date of Birth: _____

Did you graduate from LHS or Adult Ed (please circle one)

Phone Number: _____

Send To: _____

Address: _____

Please enclose \$2.00 with this completed form and return to: Laconia High School, Guidance, 345 Union Ave, Laconia NH 03246. You may do so by mail or in person