

Transcript Release Form  
**Lancaster Mennonite School**

PLEASE ALLOW 7-10 SCHOOL DAYS FOR PROCESSING

PLEASE PRINT

\_\_\_\_\_  
(Full Name) (Maiden Name) Year of Grad \_\_\_\_\_  
Age of Student \_\_\_\_\_

Permission is given to release my Transcript to:

College/University Name and Address	I have applied to this college/university (yes or no)	Name of Teacher(s) who will be submitting references (if any)

*If requesting more than four transcripts, please use an additional form.*

Student Signature \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Date \_\_\_\_\_

A parent/guardian signature is required to release records if the student is under 18 years of age.

Parent Signature \_\_\_\_\_

**\*LMS BOARD POLICY REQUIRES THAT ALL ACCOUNTS BE CURRENT BEFORE THE SCHOOL WILL RELEASE ANY RECORDS.**

Please return this form to:  
Lancaster Mennonite School  
Attn: Transcript Department  
2176 Lincoln Highway East  
Lancaster, PA 17602

Fax #: 717-299-0823  
Email: [transcript@lancastermennonite.org](mailto:transcript@lancastermennonite.org)

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NAME: \_\_\_\_\_

Your transcript(s) has been sent to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_.

Please keep this for your records.