



# LAKE CITY HIGH SCHOOL

6101 N. Ramsey Rd · Coeur d'Alene · Idaho · 83815  
(208) 769-2942 FAX: (208) 769-2944

Email: [ttanner@cdaschools.org](mailto:ttanner@cdaschools.org) – Former Students  
[dventresco@cdaschools.org](mailto:dventresco@cdaschools.org) – Current Students

## PERMISSION TO RELEASE RECORDS

**\$3.00** fee per transcript\*

Cannot accept electronic payments-  
Please mail payment by check or cash

**\$11.00** If you wish to have your transcript/admission papers sent by **CERTIFIED MAIL**

**IMPORTANT NOTICE:** *If this student has a bill on file for fines owed, records cannot be released. Please see the Lake City High School Asst. Treasurer to pay fines or return books.*

*IDAHO CODE 33-603. Payment of fees or returning of property. -- The board of trustees of each school district shall have the power and the ability to require as a condition of graduation, as a condition of issuance of a diploma or certificate, or as a condition for issuance of a transcript, that any or all indebtedness incurred by the person when he was a student be satisfied, or that all books or other instructional material, uniforms, athletic equipment, advances on loans, or other personal property of the school district borrowed by the person when he was a student of the district be returned...[I.C., 33-603, as added by 1992, ch. 112, 1,p.341; am. 1996, ch. 138, 1,p.]*

Student's **First Name**

**Middle Name**

**Last Name**

Student is currently enrolled in the \_\_\_\_\_ grade

If not currently enrolled: Year last attended LCHS \_\_\_\_\_ Grade: \_\_\_\_\_

**OR** Year GRADUATED from LCHS \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Valid only if signed by an adult (pupil 18 years of age or older or parent/legal guardian of minor pupil)*

**CANNOT ACCEPT ELECTRONIC PAYMENT – PLEASE MAIL CHECK /CASH**

List where you would like the transcript(s) sent on page 2/back of this form.

\_\_\_\_\_

**CURRENT YEAR GRADUATE: Explanation of semester transcript requests below**

**6th Semester** (includes up to the **end of your JUNIOR year**)

**7th Semester** (includes end of **first semester of SENIOR year**)

**8th Semester** (final transcript - includes graduation information)

**Current students: When you have decided which college/university you plan to attend, please notify the Counseling Office so that your final (8<sup>th</sup> sem.) transcript will be sent to that college/university.**

**\* Transcripts include SAT/ACT Test Scores if available \***

(1) \_\_\_\_\_  
(School)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip)  
 **Mail**  
 **Common Application**  
 **SENDEDu**

Transcript  
Requested: Date Requested \_\_\_\_\_  
6<sup>th</sup> Mailed \_\_\_\_\_  Paid  
7<sup>th</sup> Mailed \_\_\_\_\_  Paid  
8<sup>th</sup> Mailed \_\_\_\_\_  Paid

(2) \_\_\_\_\_  
(School)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip)  
 **Mail**  
 **Common Application**  
 **SENDEDu**

Transcript  
Requested: Date Requested \_\_\_\_\_  
6<sup>th</sup> Mailed \_\_\_\_\_  Paid  
7<sup>th</sup> Mailed \_\_\_\_\_  Paid  
8<sup>th</sup> Mailed \_\_\_\_\_  Paid

(3) \_\_\_\_\_  
(School)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip)  
 **Mail**  
 **Common Application**  
 **SENDEDu**

Transcript  
Requested: Date Requested \_\_\_\_\_  
6<sup>th</sup> Mailed \_\_\_\_\_  Paid  
7<sup>th</sup> Mailed \_\_\_\_\_  Paid  
8<sup>th</sup> Mailed \_\_\_\_\_  Paid

(4) \_\_\_\_\_  
(School)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip)  
 **Mail**  
 **Common Application**  
 **SENDEDu**

Transcript  
Requested: Date Requested \_\_\_\_\_  
6<sup>th</sup> Mailed \_\_\_\_\_  Paid  
7<sup>th</sup> Mailed \_\_\_\_\_  Paid  
8<sup>th</sup> Mailed \_\_\_\_\_  Paid