The Lovett School Transcript Request Form

In order to protect the privacy of our students, The Lovett School reserves the right to request that this form be notarized when requesting a copy of a transcript to be delivered to an address other than another school or the address on record for a student.

Name at time of en	ollment:
Current Name (if d	fferent than above):
Birthdate:	
Please check one: Current Student	□ Alum – Graduation Year □ Withdrawn – Year of Withdrawal
Email address:	Phone number:
Address:	
Please: □ Email an unoffici	al copy of my transcript to:
☐ Mail official copi	es of my transcript to: (Number of copies needed:)
I hereby represent t the person/organiza	nat all above information is true and accurate, and give my authorization to release my transcript to tion listed above.
Name:	
	Date:
If you	This section to be used if notarization is required (see above for details). are having this form notarized, please wait to sign the form in the presence of the notary public.
State of:	County of:
I hereby certify that	on,
	Date Name
personally appeared	d before me, signed this document in my presence, and presented proof of his or her identity.
Notary Public Nam	e:
Notary Public Signa	ture: