

# WHS TRANSCRIPT REQUEST FOR CURRENT STUDENTS

Complete this form and submit to the guidance office **AT LEAST 7 DAYS IN ADVANCE.**

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

Name of School or Scholarship: \_\_\_\_\_

School or Scholarship Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Check one:

Please **mail** a copy of my transcript to the above address (including ACT scores) by this date:

\_\_\_\_\_

I need to **pick up** a copy of my transcript by this date: \_\_\_\_\_

I need the guidance department to fill out paper work to:

return to me by this date: \_\_\_\_\_

**OR**

mail off with my transcript by this date: \_\_\_\_\_

Special Instructions (Only If Necessary):

## FOR OFFICE USE ONLY

Date received in guidance: \_\_\_\_\_

Date processed or mailed: \_\_\_\_\_