

West High School Transcript Request Form

Name: _____

Address: _____

Telephone #: _____

Graduation Date: _____

Please check one of the following categories:

_____ ***Official Transcript – (mailed directly)**

_____ ***Unofficial Transcript - (personal use only)**

Official transcripts must be mailed from the school directly to the college.

1. Name of College/University or requesting agency and address

2. Name of College/University or requesting agency and address

3. Name of College/University or requesting agency and address

Parent Signature

Date

Student Signature

Date

**Please allow three days for processing.
There is a \$1.00 processing fee for each transcript
except for the most recent graduating class.*

Date Requested: _____

Date Processed: _____

Processor's Initials: _____