



WEST BRANCH HIGH SCHOOL
REQUEST FOR TRANSCRIPT/SHOT RECORDS

PERSONAL INFORMATION

Name: _____

Name when attending, if different from above:

Date of Birth: _____ Date of Graduation: _____

Current address of student:

City	State	Zip Code
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Phone Number: _____

A \$5.00 PROCESSING FEE WILL BE CHARGED PER REQUEST (1request per sheet).

I REQUEST A TRANSCRIPT/SHOT RECORDS (please circle one) TO BE SENT TO:

NAME _____

ADDRESS _____

SIGNATURE: _____ DATE: _____

****Please note, if transcript is mailed to you, it will not be an official transcript. I must mail it directly to the college/university of your choice to be official. Thank you!**

For Office Use Only: Payment of \$ _____ is enclosed.
Please make checks payable to West Branch High School

A TRANSCRIPT/SHOT RECORDS WAS SENT
TO _____
ON _____.

SECRETARY'S SIGNATURE