

WESTSIDE CHRISTIAN HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name of Person Requesting: _____ Date of Request: _____

Transcript for: _____ Graduation Year: _____
Last First MI

I give WCHS permission to send a transcript with grades and test scores (ACT, SAT, etc.) to the organizations listed on this form.

Do not include any test scores

Signature

Additional Instructions? _____

Send to:

College/Organization	Method of Delivery (Circle One)	Address (Common App, Coalition, SENDedu, mailing)
	Mail or Electronic	
	Mail or Electronic	
	Mail or Electronic	

****Please see the back to request additional transcripts**

Hard copy pickup at WCHS? Yes No Number of hard copies needed: _____

Email unofficial electronic copy to: _____

Office Use: Date Completed/Sent: _____ Recorded by: _____

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