

***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 SAT or ACT test scores to the organizations listed on this form.

☐ Please include SAT or ACT 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:** _____

Send to:

[illegible]