



Request for High School Transcript

Date of Request _____

Student's Full Name* (First, Middle, Last): _____

** Please print name as it appears on your school records.*

Current Name (If Different): _____

Date of Birth: _____ Contact Phone Number: _____

Graduation Year: _____ OR Year of Withdrawal: _____

Number of Official Copies: _____ Number of Unofficial Copies: _____

Official ACT(www.act.org) and SAT/AP (www.collegeboard.com) scores may be requested directly from the testing agency.

Student Signature _____

Pickup: ***Person authorized to pick up transcript (if not student)*** _____

OR Must be 18 years old or older

Mail To: OR Fax: (Unofficial Copy): Fax Number: _____

Name of College/University/Technical School or Your Name

(Please only ask us to send transcripts to a college once you have applied to the college.)

Attention:

Address:

City

State

Zip Code

***Proof of Identity (Attach a copy of one of the following):**

Drivers License State Identification Card Military Identification Passport
ID verified by Wayne Christian Academy personnel (initials): _____