

FORMER STUDENT TRANSCRIPT RELEASE FORM

Wheaton Warrenville South High School

\$5.00 per transcript/10 day processing

Test scores are not included on the transcript.

Date: _____

ID: _____

(Former Student ID)

Name: _____

(Print) Last

First

Maiden (if married)

Phone: () - E-mail: _____

Date of Birth: ____/____/____ Graduation Year: _____

Reason:

College

Scholarship

Immunization

(Please circle)

NCAA

Personal (Unofficial Only)

Job

Send Transcript To:

College/Employer/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

I authorize the release of my school transcript to the above school, organization, or agency:

SIGNATURE: _____

Have you attached a copy of your current photo ID (required): YES _____

Is your payment attached (\$5.00 check or cash per transcript): YES _____

OFFICE USE	
OFFICIAL _____	UNOFFICIAL _____
PAID _____	SENT _____

Please mail this completed form, copy of your current photo ID, and payment to:

Wheaton Warrenville South High School

Attn: Registrar

1993 Tiger Trail

Wheaton, IL 60189