

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: _____

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: _____

Address: _____

City: _____

State: _____ ZIP: _____

I authorize the release of my school transcript to be sent 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 _____