

PLEASE PRINT THIS DOCUMENT AND MAIL TO:

Westerville South High School
Guidance Department
303 S. Otterbein Ave.
Westerville, OH 43081
614-797-6003

PLEASE REMEMBER TO INCLUDE THE \$3.00 FEE (PER TRANSCRIPT)

ALUMNI / GRADUATE
TRANSCRIPT REQUEST FORM

LAST NAME	MAIDEN NAME	FIRST NAME	YEAR OF GRAD
D.O.B.	LAST FOUR DIGITS OF SOCIAL SECURITY #	TELEPHONE #	
Street Address	City, State, Zip		
1.			
MAIL TO: Name of College, Military, Employment, other		Address	
2.			
MAIL TO: Name of College, Military, Employment, other		Address	

Authorization to Release Transcript:

_____ Signature of Graduate _____ Date

FOR OFFICE USE ONLY:

METHOD OF PAYMENT: () Cash () Check # Amount: Date Mailed: Initials: