



Request for Student Records

Date: _____

Name _____
 (Please print your name as it appears on your Birth Certificate)

Date of Birth: _____

Email Address: _____

Year of Graduation or last year attended: _____

Telephone Number: _____

Last School Attended: _____

WP High School, Rochambeau, Highlands, Eastview, George Washington, Post Road, Ridgeway, Church Street, MAS

PLEASE PLACE AN "X" NEXT TO THE DOCUMENT YOU NEED:	
<input type="checkbox"/>	Official Transcript
<input type="checkbox"/>	Enrollment History for Immigration
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Academic Grade Reports
<input type="checkbox"/>	Official Graduation Verification Letter
<input type="checkbox"/>	Other (Please list)

If you would like your transcript to be sent directly to a College/University check the box and fill out all requested information below. Please note currently we are electronically sending all transcripts to Schools in lieu of postal mail delivery. If your school requires a physical copy to be sent, we will fulfill that request automatically upon confirmation from the school. If you would like a copy mailed to yourself, please check the box below and provide a mailing address.

College/University Name _____

Admissions/Registrar email: _____

Contact if other than admissions office: _____

I would like a copy mailed to the address provided below

Signature _____