

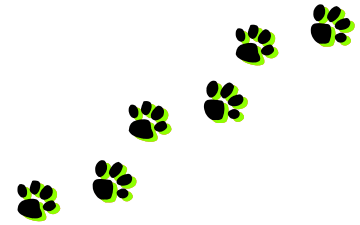


# WESTSIDE HIGH SCHOOL

## Transcript Request Form

*PLEASE ALLOW AT LEAST 3 DAYS*

*Transcript Fee: \$1.00 for each request*



Student Name \_\_\_\_\_  
(Last) (First)

Student ID # \_\_\_\_\_

*Are you a Current Student?* \_\_\_\_\_ *What is your grade level?* \_\_\_\_\_

**OR**

*Are you a Former Student?* \_\_\_\_\_ *What year did you last attend WHS?* \_\_\_\_\_

**OR**

*Are you a WHS Graduate?* \_\_\_\_\_ *What year did you graduate?* \_\_\_\_\_

Name of College/University/Scholarship - or is this a Personal Copy?

\_\_\_\_\_

Address of Admissions Office/Scholarship

\_\_\_\_\_  
(Street) (City/State) (Zip)

**Student Signature** \_\_\_\_\_

**Date Requested** \_\_\_\_\_