

Transcript Request Form

Watervliet Junior/Senior High School
1245 Hillside Drive
Watervliet, NY 12189
(518) 629-3302 (Guidance phone)
(518) 273-1207 (Guidance fax)

Today's Date: _____

Name: _____ D.O.B. _____

Phone Number: _____

Year of Graduation/Withdrew from WHS: _____

Name: same as above? Y or N If not, (maiden name) _____

No mailing necessary (I will pick up the transcript in person) _____(please check)

I am requesting that my transcript, listing my official grades, rank, special honors, and test scores to be sent to the above address. I have mailed, faxed, or delivered this form in person.

(Signature)

Guidance use only: Transcript mailed and/or given to appropriate individual

(initials) _____
(date)