

REQUEST FOR TRANSCRIPT

(Please allow 24 to 48 hours for transcripts to be processed.)

NAME _____
First Middle Last Maiden (if applicable)

Year of Graduation or Withdrawal _____ Student ID # _____

Date of Birth _____ Social Security Number _____

Daytime Phone Number _____

I am requesting Wapakoneta High School to release my high school transcript, which includes demographic information, social security number, date of birth, academic information, and test results, if any, to:

Name of College/University/Business/Other

Attention (Office or Person)

Street Address and/or Post Office Box

City

State

Zip

Signature _____ Date _____