

PAST STUDENT TRANSCRIPT REQUEST FORM

Student's Name While Attending West Springfield High School:

(Last, First, MI) _____

Date of Birth (MM/DD/YYYY) _____ Last Year Attended _____

Graduated or Withdrew? _____

Requesting copies of the following records (check all that apply)

___ High School ___ Middle School ___ Elementary School ___ Immunization (shot record)

Reason for Request _____

I authorize WSHS to release and mail an official copy of my high school transcript to the following:

1. _____

3. _____

2. _____

4. _____

Signature (Needed to Process Request)

Date

Phone Number or Email Address

There is a \$5.00 fee for each copy requested. Payment may be made in cash, check or money order payable to West Springfield High School.

For Office Use Only

Total collected: \$ _____

By: _____

Mailed: _____