



WESTSIDE HIGH SCHOOL Transcript Request Form



*PLEASE ALLOW AT LEAST 3 DAYS
Transcript Fee: \$2.00 for each request*

Student Name _____ **Student ID #** _____
(Last) (First)

Are you a Current Student? _____ If so, what is your grade level? _____

OR

If you did not graduate from WHS, what year did you withdraw? _____

OR

Are you a WHS Graduate? _____ What year did you graduate? _____

Name of College/University/Scholarship

Address of Admissions Office/Scholarship

(Street or P.O. Box)

(City/State)

(Zip)

Student Signature _____ **Today's Date** _____