Westside High School

Transcript Request Form

PLEASE ALLOW AT LEAST 3 DAYS

Transcript Fee: $1.00 for each Transcript

Student Name: ____________________________________________  Student ID: __________________________

Please Circle One:  
- Current Student: Yes  No
- Grade Level: _______

WHS Grad: Yes  No  
- What Year did you Graduate/Leave __________
- Include Ranking Information: Yes  No

Name of College/ University/ Scholarship: ____________________________________________________________

Address of Admissions Office/Scholarship:  
- (Street/PO Box) __________________________________________
- (City, State, Zip) _________________________________________

Student Signature________________________________________  Today’s Date: _________________________

Additional Documentation needed for:
- □ DACA, COURT, etc. (plus $1.00)
- □ Common App/Recommendations (plus $1.00)