

Transcript Request Form

Name: _____

Name When Attending WHS (if current name is different): _____

Date of Birth: _____

Graduation Year: _____

If not Graduated, Year Last Attended: _____

I hereby give my permission for my transcript of academic work undertaken at Windham High School to be sent to the schools/companies listed below. I understand that SAT I, SAT II, and CAPT scores will be included on the transcripts if they are available at the time of mailing. I understand that it may take up to ten (10) school days for the transcript to be mailed.

School/Company Name	School/Company Address

I affirm that I am 18 years of age or older and authorize the release of information as indicated above.

Student

Signature: _____ Date: _____

If student is under 18, parent/guardian signature is required

Parent/Guardian Name: _____

Parent/Guardian

Signature: _____ Date: _____