

Transcript Requests

Wetumpka High School
1251 Coosa River Parkway
Wetumpka, AL 36092
334-567-5158
FAX 334-514-1630

Transcripts are \$5.00. You can pay with cash, check, or money order made payable to WHS. Your transcript will not be released until payment has been received.

Transcript requests must be made in writing. If you live locally, you can come in and fill out a transcript request form. If it is not convenient, or if you live out of town, you can download and print this form. Send the completed form to the address below:

Wetumpka High School
Registrar's Office
1251 Coosa River Parkway
Wetumpka, AL 36092

Remember:

- An official transcript must be mailed directly to a school or an employer. Please provide the name of the school or business, the department, and the complete address.
- A transcript sent directly to you will be marked **UNOFFICIAL**. A transcript is not **OFFICIAL** unless it is mailed directly to a college or business from a high school. You cannot "hand-carry" an **OFFICIAL** transcript yourself.
- We **do not** FAX transcripts.
- Your transcript will show all grades, test scores, and your graduation date.

Questions:

Kimberly Miller
Registrar, Wetumpka High School
334-567-5158, ext. 54050

kimberly.miller@elmoreco.com

TRANSCRIPT REQUEST FORM

Wetumpka High School
REGISTRAR'S OFFICE -1251 Coosa River Pkwy., Wetumpka, AL 36092
Phone: 334-567-5158 FAX: 334-514-1630
<http://www.gowhs.com>

STUDENT INFORMATION

LAST _____ FIRST _____ MIDDLE _____ MAIDEN _____

BIRTHDATE: _____ CURRENT GRADE _____ GRAD DATE _____ WITHDRAWAL DATE _____

CURRENT ADDRESS: _____ APT.# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: (_____) _____ ALTERNATE PHONE (_____) _____

SPECIAL INSTRUCTIONS

Please circle one:

Please circle one:

Will Pick Up

Mail Now

OFFICIAL

UNOFFICIAL

MAIL TRANSCRIPT TO:

Name of College/Organization: _____

Add ACT _____ **Add SAT** _____ **Additional Info.:** _____

SIGNATURE _____ **DATE** _____

PARENT SIGN (W/Out release or under 18) _____ **DATE** _____

SEE BACK FOR ADDITIONAL TRANSCRIPTS NEEDED (\$5.00 PER TRANSCRIPT)

FOR OFFICE USE ONLY:

Date Paid: _____	Amount Paid: _____	
DATE: _____	Mailed _____	Uploaded _____
Processed by: _____		

SPECIAL INSTRUCTIONS

Please circle one:

Please circle one:

Will Pick Up Mail Now

OFFICIAL UNOFFICIAL

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Name of College/Organization: _____

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Please circle one:

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