



Woodland High School



Transcript Request Form

Full Name At Time of Attendance: _____

Date of Birth: _____

Last Year & High School Attended: _____

Last 4 Digits of your Social Security Number: _____

A Parent or Guardian Name that would be in the file: _____

Contact Number for you: _____

Where would you like your transcript mailed?

Name of School, or Business: _____

To The Attention of: _____

Street Address (Including P.O. Box): _____

City Name: _____

State and Zip Code: _____

Fax Number (If you prefer it be faxed): _____

Additional Transcript Request Information:

Fees: \$3.00 per copy (Effective June 1, 2014, this fee will increase to \$5.00)

Payment Type: Cash or Money Order (Made payable to Woodland High School)

Response Time: 5-7 Business Days

Identification: Government Issued Picture ID is required for office requests