



To; _____

Fax/Email: _____

Woods Cross High School

Request for Student Records

This certifies that the student named below has been enrolled at Woods Cross High School

_____	_____	_____
Student Name	Date of Birth	Grade
_____	_____	
School last attended	City & State	

1. Please fax or email the *unofficial* academic records with the date of withdrawal to fax **801-402-4513** OR email **jhewitson@dsdmail.net**
2. And MAIL a signed *official* transcript to Woods Cross High School
600 West 2200 South
Woods Cross, UT 84087
3. If student has an IEP/504, please send file.

THANK YOU FOR YOUR ASSISTANCE

WXHS Registrar: Joanie Hewitson 801-402-4507