

PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED.

**WINTERS MILL HIGH SCHOOL
TRANSCRIPT REQUEST FORM FOR GRADUATES**

ALL INFORMATION MUST BE COMPLETED IN ORDER FOR THIS REQUEST TO BE PROCESSED.

A \$5.00 fee per transcript must accompany all requests prior to processing.

We accept cash, check, or money order. Please make check or money order payable to WMHS.

Date of Request: _____

Name as it was when you were last enrolled in Carroll County Public Schools:

Last / Maiden: _____ First: _____ Middle Name: _____

Name as it is now, (if different than above): _____

Date of Birth (Month/Day/Year): _____

If you attended an alternative program up through the end of your senior year (ie: Gateway School, Flexible Student Support, External Diploma Program), you will have to obtain your transcript from this program.)

Year Graduated from Winters Mill High School: _____

Your Current Street Address: _____

Your Current City, State, Zip: _____

Daytime Phone Number: _____

Email: _____

Number of Transcripts Requested:

If the transcript will be picked up in person, please indicate by whom (*photo identification is required*):

If the transcript is to be mailed, please list the address below:

Institution/Organization: _____ Attention: _____

Street Address: _____ City, State, Zip: _____

If the transcript can be emailed to the School, please give admissions email:

I authorize the release of my records under the Family Educational Rights and Privacy Act of 1974 (FERPA).

Electronic Signature of Graduate: _____

A signed release may serve as authorization in lieu of the applicant's signature.

Mail completed form (or email to slhobso@carrollk12.org) and mail/drop off payment to:

Winters Mill High School

560 Gorsuch Road

Westminster, MD 21157

Attn: Counseling office