



ALUMNI TRANSCRIPT REQUEST FORM

This form is for students who graduated from Westminster High School in the years following 2005. If you graduated prior to 2005, please call (410) 386-1672.

STUDENT INFORMATION:

NAME: _____

(MAIDEN NAME IF APPLICABLE) _____

DATE OF BIRTH: _____ GRADUATION DATE: _____

PHONE NUMBER: _____

MAILING INFORMATION: Please provide the name and mailing address of the College/University, Employment, or Military that is requesting the transcript.

COST: \$5 processing fee per transcript. Please allow five (5) business days for processing.

RELEASE OF INFORMATION: I authorize the release of my records under the Family Rights and Privacy Act of 1974 (Public Law 93-579).

Student Signature

Date