West Muskingum High School
Transcript Request Form

(Print & mail requested information; signature required for release of transcript.)

Name (first, middle, last): _____

Any previous name that could be on transcript (maiden) _____

Graduation date: __/__/__ or Last attended: __/__/__
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Current Address:

_____
(street, city, state, zip) ☐ **Indicate if a change**

Daytime phone (for clarification): _____

Purpose: ☐ **undergraduate school** ☐ **employment** ☐ **scholarship**
☐ **transfer** ☐ **other**

Mail/Fax transcript to: _____
Name receiving information

_____

_____

NOTE: Transcripts are mailed as soon as possible, unless any of the following occurs: incomplete transcript, unidentifiable record, or balance on account.

Signature: _____ Date:_____

Mail this request to: **School Counseling Department**
West Muskingum High School
150 Kimes Road
Zanesville, Ohio 43701
Fax 740 – 452-7648