

Willmar High School

TRANSCRIPT REQUEST FORM

Student Name: _____ Date: _____

Phone: _____ Class of: _____ Birth Date: _____

Student will pick up transcript: _____ WHS to mail transcript: _____

I give my permission to release the transcript for the student listed below:

This transcript may be sent to:

1. _____
(name of college)

(city and state)

Application completed on-line: _____

Application sent with transcript: _____

2. _____
(name of college)

(city and state)

Application completed on-line: _____

Application sent with transcript: _____

3. _____
(name of college)

(city and state)

Application completed on-line: _____

Application sent with transcript: _____

Student Signature: _____

Parent Signature: _____
(if student is under 18)

Instructions: If you are a past student, there is an immediate charge of \$1.00 for each copy of your transcript at the time of request.

Date Sent: _____

Fee Paid: _____