WASHINGTON ACADEMY
Since 1792

TRANSCRIPT REQUEST FORM

CURRENT NAME:_____
LAST NAME FIRST NAME MIDDLE NAME

CURRENT OR MAIDEN NAME_____

YEARS OF ATTENDANCE AT WASHINGTON ACADEMY: FROM: _____TO:_____

DATE OF BIRTH:_____

MAILING ADDRESS: _____

_____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

BE ADVISED THAT TRANSCRIPTS SENT TO YOU DIRECTLY MAY NOT BE CONSIDERED OFFICIAL BY A RECEIVING ORGANIZATION. IT IS OUR PLEASURE TO SEND YOUR OFFICIAL TRANSCRIPT TO THE ORGANIZATIONS OF YOUR REQUEST.
PLEASE ALLOW UP TO FIVE BUSINESS DAYS FOR PROCESSING.

PLEASE SEND TRANSCRIPT TO: _____

_____

SIGNATURE: _____ DATE: _____

PLEASE SEND COMPLETED AND SIGNED FORM BY MAIL, EMAIL OR FAX

MAIL: SCHOOL COUNSELING OFFICE, WASHINGTON ACADEMY, PO BOX 190, EAST MACHIAS, ME 04630
SCAN AND EMAIL: j.lehman@raider4life.org
FAX: (207) 255-8303