



## Whiteoak High School Transcript Request

Please print and complete the form. Forward it to us in one of the following methods.

Mail: Whiteoak High School  
ATTN: School Counselor's Office  
P.O. Box 299  
Mowrystown, OH 45155

Fax: 937-442-2111 ATTN: School Counselor

Email: [alison.bach@blsd.us](mailto:alison.bach@blsd.us) or [tena.roler@blsd.us](mailto:tena.roler@blsd.us)

Full Name at Graduation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Last 4 Digits of Social Security \_\_\_\_\_ Number of Transcripts Requested \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Choose one of the following:

\_\_\_\_\_ I will pick my transcript up at Whiteoak High School  
(Please allow up to 48 hours, once received in our office for processing requests)  
\_\_\_\_\_ Please fax a copy of my transcript to Fax number : \_\_\_\_\_  
(Faxed transcripts are UNOFFICIAL)  
\_\_\_\_\_ Please mail my transcript to: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

**OFFICE USE ONLY:**

Notes:

Date received by counselor: \_\_\_\_\_

Date faxed/mailed/picked up: \_\_\_\_\_