



## Whiteoak High School Transcript Request

Please print the form and complete.

**Mail to:** Whiteoak High School  
School Counselor's Office  
PO Box 299  
Mowrystown, Ohio 45155

**Or fax to:** 937-442-2111      **Attention:** School Counselor

Full Name at Graduation: \_\_\_\_\_  
(Date of birth)

Date of graduation: \_\_\_\_\_ last 4 of social security: \_\_\_\_\_

Number of transcripts requested: \_\_\_\_\_

Email address: \_\_\_\_\_ phone number: \_\_\_\_\_

Choose one of the following:

\_\_\_\_\_ I will pick up transcripts from the counselor's office  
(Please allow up to 48 hours, once received in our office for processing requests)

\_\_\_\_\_ Fax a copy of my transcript to Fax number: \_\_\_\_\_  
(Faxed transcripts are UNOFFICIAL)

\_\_\_\_\_ Please mail transcript to: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

**OFFICE USE ONLY:**

Notes:

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

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