



# Whiteoak High School Transcript Request

## FOR CURRENT STUDENTS

Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Number of requests: \_\_\_\_\_

Reason for request: (Check all that apply)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> ACT          | <input type="checkbox"/> Scholarship Application |
| <input type="checkbox"/> Personal use | <input type="checkbox"/> College Application     |

Choose one of the following:

I will pick up from the counselor's office  
*(Please allow up to 24 hours, once received by the counselor for processing requests)*

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

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

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

### OFFICE USE ONLY

Notes:

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

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