

WINSLOW TOWNSHIP HIGH SCHOOL

REQUEST FOR TRANSCRIPTS

FORMER GRADUATES

NAME: _____ MAIDEN NAME: _____
(if applicable)

DATE OF BIRTH: _____ YEAR OF GRADUATION: _____

PHONE NUMBER (TO BE USED FOR QUESTIONS ONLY): _____

OFFICIAL TRANSCRIPT TO:

UNOFFICIAL TRANSCRIPT TO:

SIGNATURE

DATE

An official transcript will be mailed to an Institute of Higher Learning and/or a place of Employment.

An unofficial transcript will be mailed to a residence and/or hand receipt of transcript.

***We are happy to assist you. However, please note that a minimum of 7 business days is required to fulfill your request. Thank you for your cooperation.**