

West Deptford High School  
1600 Old Crown Point Road  
West Deptford, NJ 08093  
(856) 848-6110

## TRANSCRIPT REQUEST FORM

WDHS Guidance Office  
Telephone: (856) 848-6110 ext: 2230  
Fax: (856) 848-5628  
Website: [hs.wdeptford.k12.nj.us](http://hs.wdeptford.k12.nj.us)

THERE IS NO CHARGE FOR TRANSCRIPT REQUESTS. PLEASE PRINT OUT AND COMPLETE THIS FORM. YOU CAN MAIL, FAX OR BRING THIS FORM IN PERSON. PLEASE DO NOT EMAIL TRANSCRIPT REQUESTS.

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MAIDEN/PREVIOUS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_ IF YOU DID NOT GRADUATE PLEASE PROVIDE LAST YEAR OF ATTENDANCE: \_\_\_\_\_

### PLEASE INDICATE YOUR TYPE OF REQUEST WITH A CHECKMARK

OFFICIAL TRANSCRIPT TO A COLLEGE/UNIVERSITY/TRADE SCHOOL  
(TRANSCRIPT INCLUDES GRAD. DATE, CLASS RANK/GPA, GRADES)  GRADUATION VERIFICATION ONLY  
(TRANSCRIPT INCLUDES GRADUATION DATE, CLASS RANK/GPA ONLY)

IMMUNIZATIONS ONLY  
(TRANSCRIPT INCLUDES COPY OF SCHOOL HEALTH RECORD ONLY)  OTHER \_\_\_\_\_

PLEASE PRINT IN THE BOX BELOW WHERE THE TRANSCRIPT IS TO BE MAILED

RECIPIENTS NAME: _____
ADDRESS: _____
ATTN: _____
CITY: _____
STATE: _____
ZIP: _____
PLEASE FAX TRANSCRIPT INSTEAD OF MAILING <input type="checkbox"/> FAX # _____

IF YOU OR SOMEONE YOU AUTHORIZE WOULD LIKE TO PICK UP YOUR TRANSCRIPT PLEASE COMPLETE THE BOX BELOW

WHO WILL BE PICKING UP THE TRANSCRIPT? <input type="checkbox"/> SELF/OTHER _____
PLEASE PROVIDE A TELEPHONE NUMBER OR E-MAIL WHERE YOU CAN BE CONTACTED WHEN TRANSCRIPT IS READY FOR PICKUP _____

PLEASE SIGN AND DATE:

OFFICE USE ONLY
DATE MAILED _____

I authorize the release of my records to the addressee listed above \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_