

West Deptford High School
1600 Old Crown Point Road
West Deptford, NJ 08093

Transcript Request Form

NO FEE for Transcripts

Telephone: (856) 848-6110
Email: WDHS_Transcripts@wdeptford.k12.nj.us
FAX: (856) 848-5628

TRANSCRIPTS WILL BE PROCESSED WITHIN 24 HOURS OF RECEIPT

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____ MAIDEN/PREVIOUS: NAME _____

DATE OF BIRTH: ___/___/___ PHONE NUMBER (____) _____ - _____ EMAIL ADDRESS: _____

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
(Includes Graduation Date, Class Rank/GPA, Grades)

_____ GRADUATION VERIFICATION ONLY
(Includes Graduation Date, Class Rank/GPA)

_____ IMMUNIZATIONS ONLY
(Includes Copy of School Health Record)

PLEASE PRINT IN THE BOX BELOW WHERE THE TRANSCRIPT IS TO BE MAILED, FAXED OR EMAILED

RECIPIENTS/COLLEGE/UNIVERSITY/BUSINESS NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ FAX NUMBER: _____ ATTN: _____

IF YOU OR SOMEONE YOU AUTHORIZE WOULD LIKE TO PICKUP YOUR TRANSCRIPT YOU MAY DO SO BETWEEN 2:15 AND 4:00 IN THE HIGH SCHOOL MAIN OFFICE.
PLEASE COMPLETE BOX BELOW.

WHO WILL BE PICKING UP THE TRANSCRIPT? _____

PLEASE PROVIDE A TELEPHONE NUMBER OR EMAIL ADDRESS. WE WILL CONTACT YOU WHEN THE TRANSCRIPT IS READY FOR PICKUP.

PLEASE SIGN AND DATE: _____ DATE ___/___/___

OFFICE USE ONLY
DATE PROCESSED
___/___/___