



Warrenton High School Transcript Request

Name: _____

Date: ____/____/____

Print your full name

Where do you want us to send your transcript?

- | | |
|--|--|
| <input type="checkbox"/> College/University/Vocational/Tech School | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Student deliver to institution | <input type="checkbox"/> Military |
| <input type="checkbox"/> Scholarship/Financial Aid application | <input type="checkbox"/> Self/Personal |

Name of College/Employer: _____

Street Address: _____

City, State, Zip: _____

Other/Special Instructions: _____

If your college application requires an electronic transcript or if you wish it to be sent electronically, please sign below. *Please know that this document will not be considered secure.*

Yes, please send my transcript electronically to:

Are you in the A+ Program? ____ Yes ____ No

I authorize Warrenton High School to release all requested records and recommendations to colleges to which I am applying for admission.

_____/____/____
Signature of Student (or Parent/Guardian if student is under 18) Date

Please attach all necessary paperwork to be mailed with the transcript and return to the Registrar or Counselor. Please allow 24 to 48 hours to process this request.

For office use only:

Date Received: _____ Date Sent: _____

Mailed: _____ Faxed: _____ Hand Delivered: _____ Initial: _____