

WEST ORANGE HIGH SCHOOL

SCHOOL COUNSELING DEPARTMENT

HAYDEN MOORE
PRINCIPAL

CHERYL BUTLER
DIRECTOR OF SCHOOL COUNSELING

GRADUATED STUDENT TRANSCRIPT REQUEST

STUDENT NAME: _____
(FIRST & LAST NAME - Print only)

MAIDEN NAME: _____ YEAR OF GRADUATION: _____
(LAST NAME - Print only)

RECIPIENT ADDRESS: _____

Street Address

City State Zip Code

OR

(PLEASE CHECK BELOW)

OFFICIAL (SEALED) COPY TAKEN BY STUDENT:

UNOFFICIAL COPY FOR RECORDS:

STUDENT SIGNATURE: _____ DATE: _____

!!PLEASE READ!!

If you are sending a designee on your behalf to request your high school transcript, written notification is required and must be attached to this request. **(NO EXCEPTIONS)**

***VALID PHOTO ID IS REQUIRED FOR ALL TRANSCRIPT REQUESTS**