WEST HIGH SCHOOL RECORDS REQUEST

YOU MUST PAY WHEN ORDERING.

$5 EACH, EXACT CASH ONLY.

Pick up records in the Principal's Office.

PLEASE ALLOW 24 HOURS FOR PROCESSING.

DATE OF REQUEST: _____ GRAD YEAR: _____

LEGAL LAST NAME:_____ **LEGAL FIRST NAME**: _____

DATE OF BIRTH: _____ CELL PHONE #:_____

	Quantity			
HIGH SCHOOL TRANSCRIPT	_____ @ $5.00 =	_____	**OFFICIAL**	**UNOFFICIAL**
LETTER OF ATTENDANCE	_____ @ $5.00 =	_____		
IMMUNIZATION RECORD	_____ @ $5.00 =	_____		
	TOTAL	_____		

The Counseling Office will mail if you provide a stamped, addressed business size envelope with this form.
ALL RECORDS MUST BE PICKED UP WITHIN ONE WEEK.