Alumni/Former Students

WOODSTOCK HIGH SCHOOL TRANSCRIPT REQUEST

and/or

PERSONAL DOCUMENTS

Name _____

Last **First** **Middle** **Maiden**

Date of Request ____ ____ ____ **Current Phone Number** _____ _____ _____

Date of Birth ____ ____ ____ **Graduation Date or Last Year Attended** ____ ____ ____

- **Number of Official Transcripts Requested _____ @ $5 each Total $ _____**
- **Number of Unofficial Transcritps Requested _____@$5 each Total $_____**
- **Dream Act Documents – 1 Official Transcript, Enrollment History Page, Profile sheet**
  - **@ $5pkg Total $_____**

****Signature** _____

****In accordance with federal law, records cannot be released without the written consent of the former student.**

All requests for documents will be processed within 24-48 Hours after receiving payment.

SEND TRANSCRIPT(S) TO: Official Transcripts must be mailed to a College : (Please Print Legibly)

_____

_____

_____

Mail or drop off this form and payment to:

Woodstock High School
Att: Records Office
2010 Towne Lake Hills S Dr.
Woodstock, GA 30189

For Office Use Only

Payment Amount $_____Received by_____Date_____

Date mailed_____By:_____ **revised 4/15/15**