



**PLEASE PRINT THIS DOCUMENT AND MAIL TO:  
WESTERVILLE CENTRAL HIGH SCHOOL**



**GUIDANCE DEPARTMENT  
7118 Mount Royal Ave.  
Westerville , OH 43082  
614-797-6830**

**PLEASE REMEMBER TO INCLUDE THE \$3.00 FEE (PER TRANSCRIPT)  
CASH / CHECK MADE PAYABLE TO WBOE/ OR MONEY ORDER**

**ALUMNI/GRADUATE  
TRANSCRIPT REQUEST FORM**

LAST NAME _____	FIRST NAME _____
MAIDEN NAME _____	GRADUATION YEAR _____
PHONE _____	DOB _____
STREET ADDRESS _____	
CITY _____	STATE _____ ZIP _____
<b>NAME AND ADDRESS OF COLLEGE and/or INSTITUTION</b>	
1 _____	
2 _____	
3 _____	
<b>Authorization to Release Transcript:</b>	
_____ Signature of Graduate	_____ Date
<b>FOR OFFICE USE ONLY:</b>	
AMOUNT DUE: _____	
CLEARED FINES: YES ___ NO ___	
CASH _____	CHECK # _____
DATE SENT _____	