

# Transcript Request Form



Name : \_\_\_\_\_ Student WVEIS #: \_\_\_\_\_  
(At time of attendance)

Birthdate: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(REQUIRED FOR CURRENT STUDENTS)**

*I am requesting for University High School to send my official transcript to the institution or agency listed below. I understand that the transcript may NOT include my ACT, SAT, or AP scores and that I am responsible for directing the testing company to send them when necessary.*

Name of School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Other Notes/Comments: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>			
Date Received _____		Date Mailed _____	
Application Included?	Yes	No	Initial _____

**Please return this form to the Guidance Office at University High School.**

131 Bakers Ridge Road, Morgantown, WV 26508

Phone#: 304-291-9276/Fax #: 304-291-9248