



TRANSCRIPT REQUEST FORM BY MAIL

Western High School
1200 SW 136th Ave,
Davie, FL 33325



TODAY'S DATE: _____

NAME: _____

STUDENT NUMBER: _____ GRADUATION YEAR: _____

DATE of BIRTH: ____/____/____ PHONE NUMBER: _____

*****PLEASE ALLOW 3-4 DAYS FOR PROCESSING*****

\$2.00 fee for each PRINTED Hard Copy Transcript to be PICKED UP.

\$3.00 fee for each PRINTED Hard Copy Transcript to be MAILED.

EXACT CHANGE WHEN ORDERING TRANSCRIPTS

Request by Mail: Picture ID and cash or money order in the amount of your order must be included with your request. Attention: Transcripts

____ I would like to pick-up my official transcripts, # of copies ____ (x \$2.00) = \$_____

____ I would like my official transcripts mailed, # of copies ____ (x \$3.00) = \$_____

If you would like your transcript sent to a college, please fill out information below.

1.) College Name: _____

College Address: _____

City: _____ State: _____ Zip Code: _____

2.) College Name: _____

College Address: _____

City: _____ State: _____ Zip Code: _____

Comments:

