



## Wheeling High School Transcript Request

Signature of Alumni (not parent): \_\_\_\_\_

Name (print): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Send to: Admissions Office

College: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Send to: Other

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**Fee: \$1.00 per transcript**