

Current WHS student's **must** pick-up & mail official transcript when school is in session.

TRANSCRIPT REQUEST

\$4.00 Alumni per copy
* Current Students-5 Free

Student Name: _____ **Graduation Year:** _____ **Today's Date:** _____
Please Print Last name First Name

I am requesting a transcript: (Check appropriate box)

UNOFFICIAL
(Printed copy)

OFFICIAL
(Signed & in Sealed envelope)

FINAL YEAR END
(After graduation)

Name of University/Organization

Address

City State Zip



Mailed (or) Pick up date _____

Must include a \$4.00 PAYMENT
WINDSOR HIGH SCHOOL
8695 Windsor Road
Windsor, CA 95492
Attn: Registrar-Transcript

Student Signature Email Cell phone#

Contact Registrar, **Barbara Morgan** B-210 Counseling *707 837-7767 (2109)
bmorgan@wusd.org