

WHEATON R-III SCHOOL DISTRICT

P.O. BOX 249

116 MCCALL STREET

WHEATON, MISSOURI 64874

PHONE: 417-652-7249

FAX: 417-652-7355

TRANSCRIPT REQUEST FORM

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

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

Year of Graduation or Last Year in attendance: \_\_\_\_\_

I request my high school records be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Wheaton School District to send my transcript to the above address.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

Office use only:

Date Sent: \_\_\_\_\_

Method: \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Clearinghouse

Official \_\_\_\_\_ Unofficial \_\_\_\_\_

Signature of Sender \_\_\_\_\_