

WARROAD HIGH SCHOOL

School Fax Number: 218-386-1909

Email Request To: lisa_hebel@warroad.k12.mn.us

OFFICIAL TRANSCRIPT REQUEST FORM

NAME _____
(last) (first) (middle)

Graduation Year from WHS: _____

COLLEGE Address to Send Transcript:

Signature

Date

- If you have already graduated, mail transcript form and \$5.00 to 510 Cedar Avenue Warroad, MN 56763.
- If you are a current WHS student, there is no charge.

FOR OFFICE USE ONLY

Date sent: _____

Sent by: _____