



WILMINGTON AREA HIGH SCHOOL, GUIDANCE OFFICE
 350 WOOD STREET NEW WILMINGTON, PA 16142
 Phone: (724) 656-8866 Fax: (724) 946-8982
www.wilmington.k12.pa.us Ms. Taryn Powell, Counselor

*Official Transcripts
 MUST be sent directly
 from the Guidance
 Office.*

TRANSCRIPT REQUEST FORM

Student # _____

Student Name: _____ **Date:** _____ **Class of:** _____

Please send my transcript to:
 (PRINT CLEARLY the NAME and FULL ADDRESS of the College/University/Program)

College: _____

Address: _____

With my transcript, please send:

- ___ Application
- ___ Application Fee
- ___ Letters of Reference
- ___ Other forms:

_____ My materials must be submitted electronically / faxed to: _____.

Please include the following on my transcript: ___ SAT scores ___ ACT scores ___ AP scores (check all that apply)

*My signature below authorizes my transcript and any other information requested to be sent to the above address.

**Release of records requires signature of parent/guardian for currently enrolled students.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Guidance Office Use Only:

Date Materials Sent:

Transcript Processed by:



WILMINGTON AREA HIGH SCHOOL, GUIDANCE OFFICE
 350 WOOD STREET NEW WILMINGTON, PA 16142
 Phone: (724) 656-8866 Fax: (724) 946-8982
www.wilmington.k12.pa.us Ms. Taryn Powell, Counselor

*Official Transcripts
 MUST be sent directly
 from the Guidance
 Office.*

TRANSCRIPT REQUEST FORM

Student # _____

Student Name: _____ **Date:** _____ **Class of:** _____

Please send my transcript to:
 (PRINT CLEARLY the NAME and FULL ADDRESS of the College/University/Program)

College: _____

Address: _____

With my transcript, please send:

- ___ Application
- ___ Application Fee
- ___ Letters of Reference
- ___ Other forms:

_____ My materials must be submitted electronically / faxed to: _____.

Please include the following on my transcript: ___ SAT scores ___ ACT scores ___ AP scores (check all that apply)

*My signature below authorizes my transcript and any other information requested to be sent to the above address.

**Release of records requires signature of parent/guardian for currently enrolled students.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Guidance Office Use Only:

Date Materials Sent:

Transcript Processed by: