Whitinsville Christian School
279 Linwood Avenue, Whitinsville, MA 01588
Telephone: 508-234-8211 Fax: 508-234-2531
CEEB 222-392

TRANSCRIPT REQUEST

Please Print Clearly. Information left blank may impede the processing of your request.

_____ _____ _____
Current Last Name First Name Middle Name

_____ _____ _____
Address City State & Zip code

_____ _____
Last Name while attending (if different) Daytime phone number where I can be reached

Social Security Number _____ - ____-_____ Date of Birth: _____

Year of WCS Graduation_____

Please note: Official Transcripts are not issued to students.
If mailed to student, the transcript will be marked <u>unofficial</u>.

PLEASE RELEASE MY OFFICIAL TRANSCRIPT TO:

Attention: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ _____
Parental Signature (required if current student or under age of 18) **Date**

_____ _____
Student Signature **Date**

Requests without appropriate signature will not be processed.

For Office Use Only: Initials: _____ Date Processed: _____