

West Ranch High School
REQUEST FOR TRANSCRIPT

STU # _____ DATE _____

STUDENT NAME _____

Last (Maiden) First Middle
CURRENT

ADDRESS _____

TELEPHONE _____ BIRTHDATE _____

PRESENTLY ATTENDING WEST RANCH? YES NO

GRADUATED? YES NO LAST YEAR OF ATTENDANCE _____

I WILL PICK UP PLEASE MAIL (official only) _____ OFFICIAL _____ UNOFFICIAL

PURPOSE FOR TRANSCRIPT (i.e. School Name, Scholarship) _____

ADDRESS TO BE MAILED _____

Zip

SIGNATURE _____

Fee _____ Paid Date Completed _____

Mail completed form to:

West Ranch High School
Attention Registrar
26255 W. Valencia Blvd
Stevenson Ranch, CA 91381

OR

Fax to 661-290-2903
Attention Registrar