

WICKSBURG HIGH SCHOOL TRANSCRIPT REQUEST

Date _____

Student Name _____ Official/Unofficial Transcript
(Circle One)

Student Address _____ Phone _____

Mail _____ Fax _____ Pick up _____ No. of copies _____

Mail transcript to: _____

Fax to: _____

***There is a \$5 fee for past graduate transcript.**

| | |
|-----------------------------|-------------------|
| FOR OFFICE USE ONLY | |
| Transcript Issued by: _____ | Date Issued _____ |
| Comment _____ _____ | |