

Alumni/Former Students
WOODSTOCK HIGH SCHOOL TRANSCRIPT REQUEST
and/or
PERSONAL DOCUMENTS

Name _____
Last First Middle Maiden

Date of Request _____ Current Phone Number _____

Date of Birth _____ Graduation Date or Last Year Attended _____

• Number of Official Transcripts Requested _____ @ \$5 each Total \$ _____

• **MUST BE MAILED TO A COLLEGE OR SCHOLARSHIP PROGRAM**

• Number of Unofficial Transcripts Requested _____ @\$5 each Total \$ _____

• Dream Act Documents – 1 Official Transcript, Enrollment History Page, Profile sheet

▪ @ \$5/pkg Total \$ _____

Signature _____ **Must attached copy of ID

****In accordance with federal law, records cannot be released without the written consent of the former student.
All requests for documents will be processed within 24-48 Hours after receiving payment.**

SEND TRANSCRIPT(S) TO: Official Transcripts must be mailed to a College : (Please Print Legibly)

Mail or drop off this form and payment to:

Woodstock High School
Att: Records Office
2010 Towne Lake Hills S Dr.
Woodstock, GA 30189

For Office Use Only

Received by _____ Date _____ Date mailed _____

revised 10/8/2018