

# WESLEY CHAPEL HIGH SCHOOL TRANSCRIPT REQUEST

OFFICE OF THE REGISTRAR

TEL# (813)794-8700 FAX# (813)794-8791

Please complete this request by legibly printing in the appropriate spaces.

NAME \_\_\_\_\_  
Address \_\_\_\_\_ TEL# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Student # \_\_\_\_\_

I hereby authorize Wesley Chapel High School to release my academic transcript to the name and address listed below.

## SIGNATURE:

REQUESTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent/Guardian Signature (if you are under 18)

Currently attending Wesley Chapel High School?  
( ) Yes ( ) No If no, year of graduation. \_\_\_\_\_

## Purpose for Requesting Transcript:

( ) College ( ) Grants and Scholarships  
( ) Military ( ) Athletics  
( ) Employment ( ) Other

\_\_\_ I want the transcript held for me to pick up.

( ) Official ( ) Unofficial Number \_\_\_\_\_

OR

Send Transcript To: (Please Print)

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Additional Schools May Be Listed On Back)

Office Use Only: Date Mailed \_\_\_\_\_ or Sent Faster \_\_\_\_\_

**NOTE: ALLOW 24-48 HOURS FOR PROCESSING**