



WASHINGTON TOWNSHIP HIGH SCHOOL
 School Counseling Department
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 (856) 589-8500 Ext. 7419 Fax (856) 582-6205
www.wtps.org/wthscounseling



ALUMNI TRANSCRIPT REQUEST FORM

FEE SCHEDULE

- * Payment is required at time of request
- * Fees are waived for first year graduates and military requests
- * **\$5.00 fee per EACH document sent via Mail, Email, Fax**

Graduation Year: _____

Withdraw Date: _____

Current Phone Number: _____

I request the following document:

TRANSCRIPT

_____ # to be mailed # to be emailed # to be faxed
 Total copies

Last Name First Name Maiden Name

 Signature (Graduate/Former Student) Date

Mail: Name & Address (if mailing document): _____

Email: (if emailing document): _____

Fax#: (if faxing document): _____

Note: Washington Township High School will not release student records without written consent. High School Transcripts contain the following official administration record: name, address, birth date, level completed, grades, class rank, and grade point average. **Requests will be processed within 3 business days of receipt/payment. Allow 2 weeks for receipt; it is your responsibility to follow-up with the requested institutions. If future copies are requested, there will be an additional \$5.00 fee per copy.**

Office Use Only

Payment Received: _____ Processed By: _____ Date Sent: _____
 Cash: _____ Check: _____ Total: _____

Together With Pride!