

WAKEFIELD HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name: _____

Grade or Graduating Year: _____

**EACH TRANSCRIPT COSTS \$3.00.
YOUR FIRST THREE ARE FREE FOR STUDENTS WHO ARE
ATTENDING WAKEFIELD HS
STUDENTS WHO HAVE ALREADY
GRADUATED PAY \$3.00 PER TRANSCRIPT**

All transcripts include: Cumulative report of your last three years grades, your current GPA, class rank. **SAT & ACT scores will only be sent upon request. Majority of universities and colleges want SAT & ACT scores sent directly from College Board. If you want them sent out please check box below. If you have a Counselor Statement please check Yes or No in the box below.**
Students are responsible for sending out their Teacher Recommendations.

Date of Request	Send transcript to:	Address (if outside NC)	Counselor Statement?	SAT/ACT Request

I hereby consent to the release of all records pertaining to academic, extracurricular and other activities conducted at Wakefield High School.

Parent's Signature if Student is under 18 years old.

Date



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