

**WEST ALBANY HIGH SCHOOL
REQUEST FOR TRANSCRIPT**

DATE: _____

STUDENT NAME: _____ GRAD YEAR: _____

DATE OF BIRTH: _____

___ **OFFICIAL TRANSCRIPT - \$2.00 EACH**

_____ @ \$2.00 EACH = _____

Official transcripts include: all testing information, sealed envelope and mailed if necessary. Cost applies to all transcripts being mailed.

___ **UNOFFICIAL TRANSCRIPT - NO CHARGE**

Grades only, no envelope and must be picked up in the West Albany office.

TRANSCRIPT TO BE:

___ **PICKED UP BY STUDENT**

___ **MAILED TO:** _____

I UNDERSTAND THAT MY **OFFICIAL TRANSCRIPT WILL INCLUDE:
SAT, OSAT, PSAT, AND ACT SCORES**

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT IF STUDENT IS UNDER 18 YEARS OLD:

OFFICE USE ONLY: PAYMENT REC'D BY _____ REQUEST COMPLETED BY _____
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