

Wesley Chapel High School Transcript Request

Office of the Registrar

T: 813.794.8700

Please Print Legibly. **\$2.00** for Graduated Seniors. No charge for Florida State Universities using **FASTER** electronic transfer.

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ St: _____ ZIP: _____ Social Security Number: ____-____-_____

TEL#: _____ Student Number: _____

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

Requester's Signature _____ Date _____
(Parent or Guardian if student is under 18)

____ I want the transcript held for me to pick up: () Official () Unofficial

Number of Copies Requested: _____ x \$2.00 = _____

OR

Send Transcripts to (Please Print):

School _____

Address _____

City _____ **State** _____ **ZIP** _____

(Additional Schools May Be Listed on the Back of This Form)

Office Use Only: Date Mailed: _____ or Sent FASTER: _____ Amount Paid: _____