WASHINGTON ACADEMY

TRANSCRIPT REQUEST FORM

CURRENT NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

PREVIOUS OR MAIDEN NAME: _____

YEARS OF ATTENDANCE AT WASHINGTON ACADEMY: FROM: _____ TO: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

_____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

BE ADVISED THAT TRANSCRIPTS SENT TO YOU DIRECTLY MAY NOT BE CONSIDERED OFFICIAL BY A RECEIVING ORGANIZATION. IT IS OUR PLEASURE TO SEND YOUR OFFICIAL TRANSCRIPT TO THE ORGANIZATIONS OF YOUR REQUEST. PLEASE ALLOW UP TO FIVE BUSINESS DAYS FOR PROCESSING.

PLEASE SEND TRANSCRIPT TO: _____

_____

_____

_____

SIGNATURE: _____ DATE: _____

PLEASE SEND COMPLETED AND SIGNED FORM BY MAIL, E-MAIL, OR FAX

MAIL: *Guidance Office, Washington Academy, PO Box 190, East Machias, Maine 04630*
SCAN AND EMAIL: *j.lehman@washingtonacademy.org*
FAX: *(207) 255-8303*