Transcript Request

Date:_____________                         Number Of Copies Needed:

    _______ Official ________ Unofficial

Student’s Current Name:

__________________________________________

Student’s Previous Name if applicable:

__________________________________________

Birth Date:_____________  Phone Number: __________________

Year Graduated:_____________  Transfer Year if Non- Grad:_________

Address transcript to be sent to:

__________________________________________

__________________________________________

Parent/ Student Signature     Date     Requester’s Name

Please scan and email form to rcalta@wheatlandhigh.org or fax to (530)633-3109. Official transcripts are $3.00. Please make checks payable to Wheatland High School. Requests will be completed once payment is received.

Wheatland Union High School
1010 Wheatland Rd
Wheatland, Ca 95692