



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