

Westminster Academy®
5601 North Federal Highway
Fort Lauderdale, FL 33308
954-771-4615 X2515 phone
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TRANSCRIPT REQUEST FORM

Once completed, this form may be mailed or faxed to the attention of Registrar.

<p>_____</p> <p>Social Security Number Last First Maiden</p> <p>Are you currently enrolled ____yes ____no If no, last year enrolled _____</p> <p>Year Graduated _____ Year Withdrawn _____</p>	<p>Records Order Type</p> <p>____Mail</p> <p>____Pick-up</p> <p>Number of official transcripts requested (for colleges or employment)____</p>
<p>Mail Records to: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Your Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Your Phone: _____</p> <p>Your E-Mail: _____</p>	<p>Number of unofficial transcripts requested (for personal use)____</p> <p>Payment Method (\$2 per copy)</p> <p>____cash</p> <p>____check</p>
<p>*Please complete all sections of this form. Transcripts will not be issued to students with financial holds.</p>	

I attest to the fact that I am the aforementioned individual (or parent if individual is under 18) who is requesting these educational records.

Signature

Date