

WHEELING PARK HIGH SCHOOL

Transcript Request Form

Please complete the form below and **mail to:**

Wheeling Park High School
ATTN: Guidance Office
1976 Park View Road
Wheeling, WV 26003-9311

OR Fax To: 304-243-0415

OR Email Request To: bridget.edge@k12.wv.us and tnbailey@k12.wv.us

Payment will follow via US Mail YES (if Faxed or Emailed)

PLEASE NOTE TRANSCRIPT WILL NOT BE SENT UNTIL PAYMENT IS RECEIVED!

Guidance Phone # 304-243-0418

There is a \$5.00 Fee for Each Transcript. Checks should be made payable to WPHS.

Transcripts can be picked up in person Monday-Friday 7:00 am – 2:45 pm and payment can be made with Cash, Check, or Money Order.

Date: _____

I am requesting a copy of my high school transcript be sent to:

_____ Do Not Send / Return to Student

Student's date of birth: _____

Graduation Date: _____

Or

Student's last 4 of Social Security Number: _____

Withdrawal Date: _____

Print Student's Name at time of attendance: _____

Parent/Guardian Signature (if under 18 years of age): _____

Student's Signature (if over 18 years of age): _____

Student's Telephone Number: _____