Weimar High School Transcript Request Form for Former Students

*******Transcripts requested will each be a $5.00 charge. *******

(Sorry, we do not accept credit/debit cards.)

Name: _____Date: _____

Date Graduated: _____

Maiden Name: _____

Date of Birth: _____Last 4 digits of S.S.#: _____

Phone Number: (_____)-_____

____OFFICIAL TRANSCRIPT: Sealed envelope with signature and raised seal OR sent electronically via TREx

____UNOFFICIAL TRANSCRIPT: No raised seal, signature, or envelope

Transcript should be: _____mailed _____Faxed

_____Picked up _____TREx
(sent electronically)

Name/Address/Fax# of institution or individual to which transcript should be sent:_____
_____
_____

_____
Signature