

Date of Request:_____

Signature:

Walkertown High School **Student Services Department**

5240 Sullivantown Road Walkertown, NC 27051 Phone: 336-703-4152 Fax: 336-595-1372



Walkertown High School Transcript Request Form

	INSTRUCTIO	NS	
If applying for in-state colleges, students must use CFNC Online Transcript Request Manager			
• Current Students: 1 st two requests- Free; \$2 each additional transcript			
• Former Students: \$5 per transcript			
• Student must provide stamped envelope. Failure to provide a stamped envelope will delay processing.			
-	be sent directly to universities, bu	usinesses, organizations, etc.	
_	y be given directly to students.		
 Fill out one form per ea 	<u>-</u>		
PLEASE PRINT LEGI	BLY!		
Student Name:			0
Last	First	Middle	
Send Transcript to:			
School/Organization:			
Address:			
Application Deadline:			
SPECIAL INSTRUCTIONS	<u> </u>		
Counselor Form A			
Send transcript immediately (normal processing time 5 work days)			
Hold for Fall Semester Grades			
☐ Hold for Spring Semester Grades			
Other			
**SAT/ACT SCORES ARE NO REQUEST SCORES TO BE S			RENTS SHOULD
I authorize my transprint and l	aigh sahaal ragards raguastad	to be cent to the address abo	, vo
I authorize my transcript and l	ligh school records requested	to be sent to the address abo	ve.
Student Signature (required for	r release):		
Parent Signature (required if u	nder 18):		
Parent Signature (required if under 18):			
OFFICE USE ONLY:			
Fee Paid: 1st Free	2nd Free \$2.00 C	urrent Student \$5.00 For	mer Student

Date Mailed: