

*West Haven High School
Counseling Office
Fax: 203.931.4735*

**REQUEST FOR TRANSCRIPTS
GRADUATES AND W/D STUDENTS**

Name: _____

Maiden: _____

Year of Graduation _____

Year of W/D _____

Adult Education _____

DOB: _____

Telephone: _____

Home Address: _____

City: _____ ST: _____ Zip: _____

College: _____

College: _____

Signature _____ Date: _____

Date received _____

**Please note that there is a 2/5 day turnover for all transcript requests.
Adult Ed graduate must request transcripts from that office.
Fax 203.937.4379**