



High School Transcript Request

Name of School: _____

Student Full Name: _____

Previous name(s): _____

D.O.B.: _____

Years attended: _____ to _____

Please send transcript to:

- Email: pmaher@wvc.edu
- Fax: (509) 422-7801 Attn: Transitional Studies

Comments:

Student signature: _____ Date: _____