



**Worthington High School**  
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## High School Transcript Request Form

Last Name	First Name	MI
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Name Used When Attending WHS	Graduation Date	Date of Birth
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Address	City, State, Zip
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Reason for Transcript Request
<input type="checkbox"/> College Enrollment <input type="checkbox"/> Employment <input type="checkbox"/> Benefits <input type="checkbox"/> Official documentation <input type="checkbox"/> Other

Send Transcript to: <input type="checkbox"/> College <input type="checkbox"/> Employer <input type="checkbox"/> Self <input type="checkbox"/> Email <input type="checkbox"/> Other
Name: _____
Address: _____
_____
_____

Signature	Date
_____	_____

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_