Worthington Area Learning Center

825 N. Crailsheim Road Worthington, MN 56187

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High School Transcript Request

Last Name	First Nam	First Name		MI	
Name Used When Attending ALC	Graduatio	Graduation Date		Date of Birth	
Address					
Reason for Transcript Request					
College C Employment C	Benefits O	Official Docume	ntations 🔾	Other O	
Send Transcript to:					
Name;		Phone:		 	
Address:		Fax:			
		Email:		<u>-</u>	
Signature		Date			
Processed by:		Date:			