



Worthington High School
1211 Clary St., Worthington, MN 56187
Phone: 507-376-6121 Fax: 507-372-4304
Email: Gayla.Aljets@isd518.net

High School Transcript Request Form

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

| | | |
|------------------------------|-----------------|---------------|
| Name Used When Attending WHS | Graduation Date | Date of Birth |
|------------------------------|-----------------|---------------|

| | |
|---------|------------------|
| Address | City, State, Zip |
|---------|------------------|

| |
|--|
| 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: _____