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WORTHINGTON
HIGH SCHOOL

TRANSCRIPT REQUEST

Name: _____

Please print full name at time of graduation (maiden name)

Graduation Year: _____

Date of Birth: _____

Please send a copy of my transcript to:

(Name of College or Place receiving Transcript)

(Street Address)

(City, State, Zip code)

Include ACT scores (if available) Yes _____ No _____ (check one)

Signature: _____

Date: _____

Phone #: _____

*****Office use only*****

Mailed: _____ Email: _____

Release to: _____ Date completed: _____