



Transcript Request Form

Please sign this request authorizing release of your records and mail it to:

High School Registrar
Westminster Christian School
6855 SW 152 St
Miami, Fl 33157

There is no charge for the 1st five transcripts. There will be a \$5 charge for each additional transcript. Please fill out a separate form for each request and allow 10 days for processing.

Student Name: _____ **SS #** _____
(Please Print)

Contact Information: email _____ **phone #** _____

Check Applicable Boxes:

Current WCS Students

Official/Sealed _____
Unofficial Copy _____
Pick Up _____
Year of Graduation _____
Early Decision _____

Prior WCS Students

Year of Graduation _____
Year of Withdrawal _____
Mail _____

Full Name of School _____
Address _____
Address _____
City, State, Zip _____

Student Signature/Date

Transcripts will not be issued to students with financial holds.

Office Use Only

Date Processed _____
(Date/Person)

Business Office Release _____
(Date/Person)

Release Form on File _____