

**WAREHAM COOPERATIVE JR/SR  
HIGH SCHOOL PM 2 PROGRAM  
7 VIKING DRIVE  
WAREHAM, MA 02571  
508-291-3510 EXT 735**

**William Plasko, Jr**  
Principal

**Alcides Pina**  
Guidance Director

**TRANSCRIPT REQUEST FOR PM2/NIGHT SCHOOL PROGRAM**

*This form will be used to mail your transcript. Please print clearly in the spaces provided.  
Please include \$5.00 Money Order for each Transcript.*

There is a college application due date of : \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address at time of graduation \_\_\_\_\_

\_\_\_\_\_

Month and Year and of Graduation \_\_\_\_\_

Full Address to Send Transcripts to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant my permission to release my school records to the person or place mentioned above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If student under age 18)

**~OFFICE USE ONLY~**

**DATE MAILED** \_\_\_\_\_ **INITIALS** \_\_\_\_\_