



WAREHAM HIGH SCHOOL

7 VIKING DRIVE
WAREHAM, MA 02571



SCOTT PALLADINO, PRINCIPAL
DEBORAH FREITAS, ASSISTANT PRINCIPAL
(508) 291-3510 www.warehamps.org/district fax: (508) 291-3577

This form will be used to mail your transcript. Please print clearly in the space provided.

There is a college application due date of: _____

Name: _____ Maiden name: _____

Address: _____

Phone #: _____

Date of Birth: _____ Year of graduation: _____

*** Please indicate which program you attended:**

_____ Day, ext. 391 _____ Night, ext. 735 _____ GED, ext. 399

***Complete Name and Address where official transcript is to be mailed:**

***Please provide number if you wish an unofficial transcript to faxed:**

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

Student's Signature _____ Date: _____

-OFFICE USE ONLY-

DATE MAILED: _____ INITIALS: _____