



**P.A.S.S. Program**  
**Wareham Cooperative – Alternative School**  
**4 Viking Drive**  
**Wareham, MA 02571**  
**(508) 291-3500 Ext 3512**

**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 for each Transcript.***  
***Money Orders ONLY! Make checks payable to:***  
***Wareham Public Schools***

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

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

First Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Address- (at time of graduation) \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Full Address to Send Official 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 \_\_\_\_\_