



WAREHAM HIGH SCHOOL

7 VIKING DRIVE
WAREHAM, MA 02571



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**TRANSCRIPT REQUEST FORM
WAREHAM HIGH SCHOOL (DAY) PROGRAM**

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:** _____

***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/FAXED: _____ **INITIALS:** _____