



WESTERN SIERRA COLLEGIATE ACADEMY

TRANSCRIPT REQUEST

****Allow five (5) business days for request to be completed****

Date Requested: _____

Student Name: _____

Date of Birth: _____

Current Grade or
Last Day/Year of Attendance: _____

_____ Check if official (\$1.00) _____ Check if unofficial (no charge)

-Check here if transcript will be picked up _____
*Contact # to be reach when ready _____

OR

-Send Transcript to: **(IF COLLEGE FOR WSCA SENIORS, THE COLLEGE MUST BE LISTED IN NAVIANCE)**

Name

_____ **(Full address MUST be provided)**

Address

City/State/Zip

Student's Signature: _____

The cost for each **official** transcript is \$1.00. (Cash Only)