

# WESTMONT HILLTOP HIGH SCHOOL

School Counseling Office

200 Fair Oaks Drive

Johnstown, PA 15905

Main Office: (814)255-8726; Fax:(814)255-2704; School Counseling Office: (814)255-8736

## Transcript Request Form for Former Students

(This is not for current students)

- Transcripts may be requested by mail or in person. If you have lost or misplaced your high school diploma, we do not issue duplicated copies. The official legal document to show proof of your graduation is the high school transcript.
- Former students who need a transcript must make a written request to the School Counseling Office of Westmont Hilltop High School at the above address.
- All requests need a signature to authorize release of information. We do not accept faxed or emailed requests and we do not fax transcripts.
- Official transcripts must be mailed directly to a university, college, institution, or agency. Only unofficial copies can be mailed to the individual requesting the transcript.

### TRANSCRIPT REQUEST FORM

Name while attending WHHS: \_\_\_\_\_  
Last First Middle

Current Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of attendance at WHHS: \_\_\_\_\_

Year of Graduation/Withdrawal: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Please check which applies: \_\_\_\_\_ Official transcript or \_\_\_\_\_ Unofficial transcript

\_\_\_\_\_  
Name of University, College, Institution or Agency/Individual

\_\_\_\_\_  
Street Address

(If more than one (1) transcript is needed,  
please list on back of this form.)

\_\_\_\_\_  
City, State, and Zip Code

I, the undersigned, acknowledge that I am the individual listed on the transcript. I authorize Westmont Hilltop High School to release my transcript to the above named university, college, institution, or agency. There will be a five(5) day processing period from the date received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_