

**West Haven High School
School Counseling Office
REQUEST FOR TRANSCRIPTS
GRADUATES AND W/D STUDENTS**

Name: _____

Maiden: _____

Year of Graduation/Withdrawal: _____

DOB: _____

Telephone: _____

Home Address: _____

City: _____ ST: _____ Zip: _____

College: _____

College: _____

Please note that there is a 2/5 day turnover for all transcript requests. There is NO FEE.

All requests must be received in writing either by US Mail or fax.

Fax # 203.931.4735

Mailing Address:

1 McDonough Plaza

West Haven, CT., 06516