

Transcript Request

Name:

(Student name while attending George Whittell High School)

Date of Birth:

Graduation Year:

Parent(s) Names:

Address while in School (District):

Mailing Address:

City, State Zip

Phone

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Transcript Type: Official Unofficial (check one)

Signature

_____ Date: _____

**For Official Transcript
Name and Address of College**

Send requests by mail to:

George Whittell High School P.O. Box 677 Zephyr Cove, NV. 89448