

PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED.

**WINTERS MILL HIGH SCHOOL
TRANSCRIPT REQUEST FORM FOR GRADUATES**

ALL INFORMATION MUST BE COMPLETED IN ORDER FOR THIS REQUEST TO BE PROCESSED.

A \$5.00 fee per transcript must accompany all requests prior to processing.

We accept cash, check, or money order. Please make check or money order payable to WMHS.

For credit card payment, use myschoolbucks app.

Date of Request: _____

Name as it was when you were last enrolled in Carroll County Public Schools:

Last / Maiden: _____ First: _____ Middle Name: _____

Name as it is now, (if different than above): _____

Date of Birth (Month/Day/Year): _____

If you attended an alternative program up through the end of your senior year (ie: Gateway School, Flexible Student Support, External Diploma Program), you will have to obtain your transcript from this program.)

Year Graduated from Winters Mill High School: _____

Your Current Street Address: _____

Your Current City, State, Zip: _____

Daytime Phone Number: _____

Email: _____

Number of Transcripts Requested: _____

If the transcript will be picked up in person, please indicate by whom (*photo identification is required*):

If the transcript is to be mailed, please list the address below:

Institution/Organization: _____ Attention: _____

Street Address: _____ City, State, Zip: _____

If the transcript can be emailed to the School, please give admissions email:

I authorize the release of my records under the Family Educational Rights and Privacy Act of 1974 (FERPA).

Electronic Signature of Graduate: _____

A signed release may serve as authorization in lieu of the applicant's signature.

Mail completed form (or email to slhobso@carrollk12.org) and mail/drop off payment to:

Winters Mill High School

560 Gorsuch Road

Westminster, MD 21157

Attn: Counseling office