



**West County R-IV High School**

**768 Highway M**

**Park Hills, MO 63601**

## **TRANSCRIPT REQUEST**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ (or) Last year attended: \_\_\_\_\_

\_\_\_\_\_ I am requesting a copy of my official transcript be mailed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am requesting a sealed copy of my official transcript be prepared for me to pick up in person; I understand I must show a photo ID to do so.

Please return the form in person or by mail to: West County High School Counselor's Office, 768 Highway M, Park Hills, MO, 63601. You may also fax request to: (573) 562-7554. Please direct any questions to Mrs. Janice Brewer ([jbrewer@wcr4.org](mailto:jbrewer@wcr4.org)), Registrar, or Mrs. Andrea Simily ([asimily@wcr4.org](mailto:asimily@wcr4.org)), School Counselor.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Office Use Only:**

\_\_\_\_\_ Mailed on \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_ Sealed copy hand delivered on \_\_\_\_\_ (date) by \_\_\_\_\_