



Woodside Wildcats

TRANSCRIPT REQUEST

199 Churchill Avenue
Woodside, CA 94062
Tel.650-367-9750 Ext. 40095
Fax. 650-216-3593

Last Name: _____ First Name: _____
(Name used while attending Woodside)

Date of Birth _____ Student Number: _____
Month/Date/Year

Dates of attendance or graduation: _____

Current Mailing Address: _____

Telephone (_____) _____

Please send the following:

TRANSCRIPTS are \$5.00 each*. Number requested _____

Please Enclose Payment. NO Credit Cards accepted.

Transcripts are processed in two business working days.

Please send to:

Signature required _____ **Date** _____

(Current/former student or parent if student is under 18 year old)

*If you are an organization requesting graduation verification no fee is necessary

Office Use Only

Date Mailed: _____

by: _____