

WYNFORD HIGH SCHOOL

Transcript Request

Please Print

\_\_\_\_\_  
Year Graduated High School

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
(Maiden Name)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this transcript to the following:

Please be sure to include complete address of the Institution that the transcript is to be sent to,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail this request to:  
Wynford High School  
Guidance  
3288 Holmes Center Road  
Bucyrus, OH 44820  
OR  
Fax 419-562-7825

**Current Seniors please list the date of your most recent ACT \_\_\_\_\_**