

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.

** BEGINNING JUNE 1, 2010 A FEE OF \$2.00 WILL BE ASSESSED FOR EACH TRANSCRIPT. (Graduating seniors will not have to pay this fee until August 31st of the year of graduation.) Please make checks payable to Wynford Local Schools.

Mail this request & your payment (beginning June 1) to:

Wynford High School
Guidance
3288 Holmes Center Road
Bucyrus, OH 44820

Current Seniors please list the date of your most recent ACT _____