

# West Muskingum High School Transcript Request Form

(Print & mail requested information; signature required for release of transcript.)

Name (first, middle, last): \_\_\_\_\_

Any previous name that could be on transcript (maiden) \_\_\_\_\_

Graduation date: \_\_/\_\_/\_\_ or Last attended: \_\_/\_\_/\_\_  
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Current Address:

\_\_\_\_\_  
(street, city, state, zip) \_\_\_\_\_  Indicate if a change

Daytime phone (for clarification): \_\_\_\_\_

Purpose:  undergraduate school  employment  scholarship  
 transfer  other

Mail/Fax transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Transcripts are mailed as soon as possible, unless any of the following occurs: incomplete transcript, unidentifiable record, or balance on account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this request to: School Counseling Department  
West Muskingum High School  
150 Kimes Road  
Zanesville, Ohio 43701  
Fax 740 – 452-7648