

Whittier Christian High School

Attn: Registrar

501 N. Beach Blvd.

La Habra, CA 90631

# Transcript Request

(Alumni & Former Students)



Please complete one (1) form for each request

*Enclose check payable to Whittier Christian High School and mail with transcript request to address above.*

Last Name (at time of attendance)		First Name	M.I.
Date of Birth (MM/DD/YYYY)		Year of Graduation (YYYY)	
Dates of Attendance <u>From</u> (YYYY)	<u>To</u> (YYYY)	Email Address	Phone Number
Address	City	State	Zip
Number of Official Transcripts Requested		Cost: \$5.00 per transcript	

I hereby grant permission for Whittier Christian High School to release my transcript per the Family Rights and Privacy Act.

Student's Signature		Date
Parent's Signature (Required if student is under 18 years of age)		Date

Mail to Student at address above

Mail to College/University

Name of College/University		
Attention		
Address		
City	ST	Zip

Fax to College/University

College/University
Attention
Fax Number (Area Code)XXX-XXXX

**All outstanding obligations (financial, academic, or administrative) due to Whittier Christian High School must be cleared before the transcript order can be processed.**