

# The Westminster School at Oak Mountain Transcript Request Form

Please allow 2 weeks to process this request.

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

School, College or University: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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

Please include:

\_\_\_\_\_ Transcript  
\_\_\_\_\_ Current Schedule  
\_\_\_\_\_ School Profile

Please email us when sent:

Student email: \_\_\_\_\_  
Parent email: \_\_\_\_\_

Transcripts need to be postmarked by: \_\_\_\_\_  
(Must be at least 2 weeks from receipt of request.)

**Student Signature:** \_\_\_\_\_ (required if over 18)

**Parent Signature:** \_\_\_\_\_ (required if student is under 18)

*Please return this form to Mr. Herring or Ms. Bryan.*

*For office use only:*

Office of College Advisement: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_

Date mailed: \_\_\_\_\_ How: \_\_\_\_\_

Requestor emailed: \_\_\_\_\_