

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 the Upper School Office

For office use only:

Office of College Advisement: _____

Business Office Approval: _____

Date mailed: _____ How: _____

Requestor emailed: _____