

TRANSCRIPT REQUEST FORM

**Thomas S. Wootton High School 2100 Wootton Parkway, Rockville, MD 20850
Registrar's Office Tel: 240-740-1554 Fax: 301-517-4761**

Name: _____ **Wootton ID#:** _____

Address: _____

Phone #: _____

Current Grade: _____

Wootton Graduation Year (if postgraduate): _____

Must be within 5 years of graduating Wootton. If not, please refer to the MCPS website for requesting your transcript through Central Records.

<https://www.montgomeryschoolsmd.org/students/transcripts/>

Information Requested:

- **Official Transcript** _____
Must be mailed directly to the organization.
- **Unofficial Transcript** _____
- **Immunization Record** _____

Please send the above requested information to:

Name: _____

Address: _____

****FOR POST-GRADUATES**

I UNDERSTAND THAT THE COST IS \$5.00 PER TRANSACTION

PAYMENT CAN BE MADE THROUGH THE WOOTTON ONLINE PAYMENT SYSTEM

***PLEASE EMAIL A COPY OF YOUR PAYMENT RECEIPT ALONG WITH YOUR
TRANSCRIPT REQUEST FORM***

*******THERE IS NO CHARGE IF YOU ARE A CURRENT WOOTTON STUDENT**

Signature _____ **Date** _____

- **Must be signed by a parent if you are a current Wootton HS student.**
- **Must have your signature if you are a postgraduate.**
- **Please DO NOT type in your name. Must have your actual signature.**
- **Please allow 2-3 days for processing**