

TRANSCRIPT REQUEST FORM

To: Thomas S. Wootton HS
2100 Wootton Parkway
Rockville, MD 20850
Tel: 301-279-8570 **Fax: 301-517-4761**

Name: _____ **ID#** _____

Address: _____

Phone #: _____

Current Grade or Graduation Year (if post-grad) _____

Information Requested:

Official Transcript (must be mailed from the school) _____

Unofficial Transcript _____

Immunization Record _____

IEP _____

Other (specify) _____

Please send the above requested information to:

For the purpose of _____

I UNDERSTAND THAT THE COST IS \$5.00 PER TRANSACTION

Signature _____ **Date** _____

(Parent cannot sign if former student is 18 or older)

Please allow 2-3 days for processing