

Post Graduate or Withdrawn Student

Secondary School Information Request

To: T. S. Wootton High School
Office of the Registrar
2100 Wootton Parkway
Rockville, Maryland 20850
301-279-8550 (main office) 301-517-4761 (fax)

Name: _____
Address: _____

Phone # _____

Information Requested:

Official Transcript (must be mailed from the school) _____
Unofficial Transcript _____
Immunization Record _____
Other (specify)_____

Please send the above requested information to:

for the purpose of _____.
I understand that the cost for this is \$5.00 per transaction.

My year of graduation or withdrawal date:_____

My Social Security #:_____

I am currently attending:_____

Thank you,

Signature
(Parent can not sign if former student is 18 or older)

Date:_____

Please allow 2 -3 days to process this request.