



Woodland R-IV High School

Transcript/Record Request Form

Mrs. Joelle Mayfield, Counselor
RR 5 Box 3210
Marble Hill, MO 63764
Phone: (573) 238-2663, ext. 203
Fax: (573) 238-0186
jmayfield@woodland.k12.mo.us

Complete the following transcript request and either mail or email a copy to Mrs. Joelle Mayfield (contact information above).

Year of Graduation _____ or Last Year
Attended _____

Name _____
_____ Last Name while enrolled at WHS First Name Middle

Address _____ City _____ State _____ Zip
Code _____

Home Phone: _____ Cell
Phone: _____

Official (preferred for Colleges/Scholarships)

Unofficial

Where do you want us to send Transcript (s)?

College/University/Vocational/Technical School

Employer

Student Hand-Carry to Institution

Military

Scholarship/Financial Aid Application

Self/Personal

Name of College/Employer

Street Address _____ City, State,
Zip _____

Other _____

&

Name of College/Employer

Street Address _____ City, State,
Zip _____

Other _____

If your college application requires an electronic transcript or if you desire it to be sent electronically, please sign below. Please know that this document will not be considered secure.

Yes, please send my transcript electronically

to _____
Email Address or

Fax Number

By filling in this box and/or signing below, I authorize Woodland High School to release all requested records and recommendations to colleges to which I am applying for admission.



Signature of Student (Parent/Guardian if student is under 18)

_____ Date

Please attach all necessary paperwork to be mailed with the transcript and return to the counselor. Please allow 2-4 business days to process this request.

For Office Use Only:

Date Request Received: _____

Please Circle Method

Date Sent: _____

Mailed

Faxed

Hand Delivered

Please Initial When Process Complete: _____