

Booker T. Washington High School
1111 Park Avenue
Norfolk, VA 23504
Phone: (757) 628-3575 · Fax: (757) 628-3566

Transcript/Medical Request

Date: _____

Please Circle CURRENT GRADUATE INACTIVE

Please Print

_____ _____ _____
Last Name First Name Middle

Former Name (if any) _____ Student# _____

Address: _____ Zip Code: _____ Phone: _____

Year of Graduation: _____ Date of Birth: _____

It will take at least 10 days to process the Transcript Request.

Purpose of Transcript

PICK UP UNOFFICAL FAX
 MAIL OFFICIAL (757) _____

MUST PROVIDE A COMPLETE ADDRESS FOR EACH COLLEGE/UNIVERSITY

NAME OF COLLEGE

ADDRESS

1. _____
2. _____
3. _____

I have requested that transcript(s) of grades, standardized test scores and/or medical record be sent to college(s) named above.

Student Signature Give Transcript to

Main Office Section

Student ID#: _____
Process Date: _____