

WILLAMETTE VALLEY CHRISTIAN SCHOOL

9075 Pueblo Ave NE
Salem, OR 97305
503-393-5236 ph
503-485-8203 fax

TRANSCRIPT REQUEST

Name of Student:

Last: _____ First: _____ Middle: _____
Maiden (if applicable): _____ Graduating Year: _____

Please check one:

_____ Official Transcript _____ Unofficial Transcript

Requested by: _____

Please check one:

_____ Student will pick up _____ Parent will pick up

_____ Please mail home to:

_____ Please mail to:

Name of College / Employer: _____

Attention: _____

Address: _____

Please note:

- All requests require a 3 business day notice
- Tuition payments must be current and ALL fees must be paid before official transcripts can be released

Office Use Only:

Accounts Current: _____ Registrar: _____

Approved by Admin.: _____ Date Approved: _____

Date Sent: _____