George Washington High School

P.O. Box 24147 •GMF, Guam 96921
email: gwhs_guam@yahoo.com 671-734-2911

Please read ENTIRE form before filling out.

All request requires (5) FIVE BUSINESS DAYS advance notice for Graduates, (10) TEN OR MORE BUSINESS DAYS for Non-Graduates. Please call the school before you pick up your request. Thank You.

Date of Request: _____ Student Number: _____

I am requesting for:

	Transcript		Immunization record (last 5 yrs.)
	Certification of Graduate		Copies of school records: Report card, Schedule, other docs

Other: _____

Name: (Last, First, Middle)	Maiden Name or Legal Birth name/name used while in school:
Date of Birth:	Year Graduated:

Are you a Current Student? Yes [ ] No [ ]

If you are a **NON-GRADUATE,** indicate the LAST SCHOOL YR/GRADE OF ATTENDANCE_____

Check one: [ ] To be picked up

[ ] To be mailed to:

_____ Home Phone_____

_____ Work Phone_____

_____ other contact number_____

_____ E-mail:_____

Please sign below to authorize consent: Print your name: date:

_____ _____

Request was/employee name: ( )emailed ( )mailed ( ) walk in ( ) other:

PICKED UP BY:

Print name: Signature: date:

◆ ◆

SENT OUT DATE/INFORMATION:

Mail-out date/by: _____ E-mail date/by_____

PAYMENTS NEED TO BE MADE AT THE BUSINESS OFFICE-RETURN FORM TO CURRICULUM OFFICE.

Number of Copies needed: _____ Official (signed/sealed) $3.00 each.

_____ Unofficial (no seal/signature) $2.00 each.

Payment received by_____ date_____ receipt #_____

All UNCLAIMED REQUEST will be properly discarded (15) fifteen business days after date of request. Re application fee will be required!!