



# Transcript Request

West Sound Academy  
PO Box 807  
16571 NE Creative Drive  
Poulsbo, WA 98370

Student Name: \_\_\_\_\_

Year of graduation \_\_\_\_\_ or Years attended: \_\_\_\_\_

Please list where your transcript(s) should be e-mailed or sent by postal service. This form may be used to send transcripts to up to two institutions. List additional addresses on the back or on a second page.

Send to:

Deadline: \_\_\_\_\_

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Send to:

Deadline: \_\_\_\_\_

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**For all students that did not graduate from West Sound Academy, there is a \$5 fee per transcript.**

Total number of transcripts requested: \_\_\_\_\_ × \$5.00 = \$\_\_\_\_\_  enclosed  
(Checks payable to West Sound Academy)

By signing below I give permission for the school to send my official high school transcripts to the addresses listed. I acknowledge that I have checked the addresses and accept responsibility for any delay resulting from an error in the address I have supplied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact e-mail or phone number if needed: \_\_\_\_\_

Return this completed request form, along with \$5 per transcript for non-graduates, to:  
Catherine Freeman, West Sound Academy, PO Box 807, Poulsbo, WA 98370

Your account must be clear in the Business Office and the transcript fee paid before your transcript can be sent.

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For Official Use Only

Date Received: \_\_\_\_\_ Holds: \_\_\_\_\_ (Y or N) Date Sent: \_\_\_\_\_