



Transcript Request

West Sound Academy
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. Use an additional form for additional transcripts.

Send to:

Deadline: _____

Send to:

Deadline: _____

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:
West Sound Academy Registrar, 16571 Creative Drive, Poulsbo, WA 98370

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

For Official Use Only

Date Received: _____ Holds: _____ (Y or N) Date Sent: _____