

GRADUATE TRANSCRIPT REQUEST



**WILMINGTON
CHRISTIAN SCHOOL**

Please print and submit a separate form for each transcript being requested.

Student's Name _____

Name while attending WCS if different _____

Date of Birth _____

Current Address _____

Current Phone _____

Current Email _____

Year of Graduation _____

I would like: _____ to pick up my transcript in person

_____ my transcript to be mailed to the following address:

Name of College/Employer _____

Address _____

Signature of Authorization _____

Mail completed form and a \$5.00 fee per transcript to:

Wilmington Christian School
Atten: Mr. Jonathan Ekeland
825 Loveville Road
Hockessin, DE 19707

Make checks payable to: *Wilmington Christian School*

Official Use Only

Mailed _____

Initial _____