

Wingate High School – Records Office
PO Box 2; 1737 Shush Drive
Fort Wingate, NM 87316
Phone: 505-488-6407 Fax: 505-488-6444



TRANSCRIPT REQUEST FORM

Complete for an official document to send to a high school, a post-secondary institution, place of business, employment or other.

Present Name: _____ Date of Birth: _____

Maiden Name: _____ Phone Number: _____

School Year attended: _____ Graduation Date: _____

Present Mailing Address: _____

Official Transcript _____ Unofficial Transcript _____ Letter of Verification _____ Other: _____

Type of Information requesting: _____

Reason:

Official transcripts are sent by mail; please provide a complete mailing address:

Name of School: _____

Mailing Address: _____

For any outstanding debts in my file, I understand my request will not be processed until it is paid in full. I hereby authorize the release of my student record.

Signature _____ Date _____

Note: If your records are at the National Archives please allow two weeks turnaround time for processing.