



# Woodland R-IV High School

## Transcript/Record Request Form

Mrs. Joelle Mayfield, Counselor

RR 5 Box 3210

Marble Hill, MO 63764

Phone: (573) 238-2663, ext. 203

Fax: (573) 238-0186

[jmayfield@woodland.k12.mo.us](mailto:jmayfield@woodland.k12.mo.us)

Complete the following transcript request and either mail or email a copy to Mrs. Joelle Mayfield (contact information above).

Year of Graduation \_\_\_\_\_ or Last Year Attended \_\_\_\_\_

Name \_\_\_\_\_  
Last Name while enrolled at WHS First Name Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Official (preferred for Colleges/Scholarships)

Unofficial

Where do you want us to send Transcript (s)?

College/University/Vocational/Technical School

Employer

Student Hand-Carry to Institution

Military

Scholarship/Financial Aid Application

Self/Personal

Name of College/Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Other \_\_\_\_\_

&

Name of College/Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Other \_\_\_\_\_

If your college application requires an electronic transcript or if you desire it to be sent electronically, please sign below. Please know that this document will not be considered secure.

Yes, please send my transcript electronically to \_\_\_\_\_  
Email Address or Fax Number

By filling in this box and/or signing below, I authorize Woodland High School to release all requested records and recommendations to colleges to which I am applying for admission.

\_\_\_\_\_  
Signature of Student (Parent/Guardian if student is under 18) \_\_\_\_\_ Date

Please attach all necessary paperwork to be mailed with the transcript and return to the counselor. Please allow 2-4 business days to process this request.

For Office Use Only:			
Date Request Received: _____	Please Circle Method		
Date Sent: _____	Mailed	Faxed	Hand Delivered
Please Initial When Process Complete: _____			