WAYNESVILLE R-VI SCHOOL DISTRICT

Office of Student Services
200 Fleetwood Drive
Waynesville, MO 65583
Phone: (573) 842-2039
(573) 842-2092
Fax: (573) 433-2979

TRANSCRIPT REQUEST FORM

Purpose of Request: ❑ College ❑ Employment ❑ Military ❑ Personal

First Name: _____

Last Name: _____

Name While in High School: _____

Date of Birth: _____ Graduation Year/Last Year Attended: _____

Phone #: _____

Send transcript by:

❑ Mail
Name/Company/School: _____
Address: _____
City/State/Zip: _____
Attention: _____

❑ Fax
Name/Company/School: _____
Attention: _____
Fax Number: _____

❑ E-mail
Name/Company/School: _____
E-mail Address: _____

Please sign & date for authorization to send transcript.

_____ _____
Signature Date

For information on transcripts, please visit our website at: http://waynesville.schoolwires.net/Page/2834