



WAYNESVILLE R-VI SCHOOL DISTRICT

Office of Student Services

200 Fleetwood Drive
Waynesville, MO 65583
Phone: (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

The completed Transcript Request form may be submitted to the Office of Student Services in person or emailed to
studentservices@waynesville.k12.mo.us

"Prepare and empower individual lifelong learners for opportunities as citizens and leaders."