

**Woodruff High School
Transcript Request Form**
710 Cross Anchor Rd.
Woodruff, SC 29388
864-476-7045



Date: _____

This form must be completed for each transcript that you wish to be issued. Thank you!

Please print:

Last Name	First Name	Middle	(Maiden)
------------------	-------------------	---------------	-----------------

Mailing Address	City	State	Zip Code
------------------------	-------------	--------------	-----------------

Date of Birth	Phone #	Graduation Year
----------------------	----------------	------------------------

PLEASE CHECK ONE:

_____ I will pick up the transcript at Woodruff High School.

_____ I would like the transcript to be sent to the below address.

Please print plainly, in the space below the name and address of the person or place that you wish to receive the transcript.

The transcript will be addressed exactly as written below:

SIGNATURE: _____

*Registrar's Office-Transcript Request
Tonya Casey
Woodruff High School
710 Cross Anchor Road
Woodruff, SC 29388
Fax – (864) 476-7224
tcasey@spartanburg4.org*