

Holt High School Transcript/Record Request Form

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Request a transcript from Holt High if you graduated from Wentzville High or Holt High School in any year from 1960 to present.

PLE <i>A</i>	ASE PRINT:				
Year	of Graduation	or Last Year Atten	ded		
Nam	e				_
	Last Name while en	rolled at HHS	First Name	Middle	
Hom	e Address		City		-
State	9	Zip Code	Phone		
	Official (preferr	ed for colleges/schola	rships) 🗌 Ur	nofficial	
<u>Whe</u>	re do you want us to	send Transcript?			
□Stu	llege/University/Vocati udent Hand-Carry to In holarship/Financial Aid		□Employer □Military □Self/Persor	nal	
Nam	e of College/Employe	er:			
Stree	et Address:				
Othe	or:				
		uires an electronic transcri locument will not be consi		e sent electronically, ple	ease sign
Yes,	please send my tra	anscript electronical	ly to:		
			Email addres	s	
I autho		lease all requested records a	and recommendations to co	olleges to which I am apply	ying for
Signa	ture of Student (Or Parent/0	Guardian if student is under 1	8) Date		
P	lease attach all necessary	paperwork to be mailed w Please allow 24 to 48 ho	ith the transcript and retu ours to process this requ		ounselor.
	For office use only: Date Received:	-			
	Date Sent:	_ Mailed:Faxed	: Hand Delivered	d <i>:</i> Initial:	_