

North Point 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/	ASE PRINT:						
Year	of Graduation	or Last Yea	r Attended				
Nam	e						_
	Last Name wh	ile enrolled at HHS	First Na	me	Mid	ddle	
Home Address					_ City		_
State		Zip Cod	Zip Code		Phone		_
Official (preferred for colleges/scholarsh			cholarships)	os) Unofficial			
Whe	re do you want u	s to send Record/Tra	nscript?				
	Student Hand-Carr	Vocational/Technical S y to Institution cial Aid Application			Employer Military Self/Personal		
Nam	e of College/Em	oloyer:					_
Stre	et Address:						_
City, State, Zip:							
Othe	er:						-
		n requires an electronic tr this document will not be				electronically, plea	ıse sign
Yes,	please send my	transcript electronica	ally to:				
I auth		School to release all reque	sted records and	rec	Email addrommendations to co		applying for
•	`	arent/Guardian if student is u	•	nsc	Date	— he Registrar or Co	unselor.
Please attach all necessary paperwork to be mailed with the transcript and return to the Registrar or Counselor. Please allow 24 to 48 hours to process this request.							
	For office use only:	Date Received:					
	Date Sent:	Mailed:	Faxed:	Н	and Delivered:	Initial·	1