



**WILLIAM H. TURNER TECHNICAL ARTS HIGH SCHOOL  
TRANSCRIPT REQUEST FORM**

**PLEASE PRINT CLEARLY!**

Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_  
(at time of graduation)

I.D. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**HARD COPY TRANSCRIPT REQUEST:**

There is a fee of \$2.00 for alumni.

Circle the amount to be ordered 1 2 3 4 5

Name: \_\_\_\_\_

Address/City, State/ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transcripts are process within 3-5 business days**