



Wareham Cooperative – Alternative School
4 Viking Drive Room C116
Wareham, MA 02571
(508) 291-3550 Ext 6111

TRANSCRIPT REQUEST FOR P.A.S.S. PROGRAM

This form will be used to mail your transcript. Please print clearly in the spaces provided.

***Please include \$5.00 CASH ~OR~ Money Order
for each Transcript.***

There is a college application due date of: _____

Last Name _____ Maiden Name _____

First Name _____ Date Of Birth _____

Phone #: _____

Address at time of graduation _____

Year of Graduation _____

Full Address to Send Transcripts to:

I grant my permission to release my school records to the person or place mentioned above.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If student under age 18)

~ OFFICE USE ONLY ~

DATE MAILED _____ INITIALS _____