



# Transcript Request

West Sound Academy  
PO Box 807  
16571 NE Creative Drive  
Poulsbo, WA 98370

This form may be used to send transcripts to up to three institutions.  
Fill out additional forms for additional institutions.

**Return completed forms to Catherine Freeman**

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

By signing below I give permission for the school to send my official high school transcripts to the addresses listed. I acknowledge that I have checked the addresses and accept responsibility for any delay resulting from an error in the address I have supplied.

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

Send to: \_\_\_\_\_ Deadline: \_\_\_\_\_

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Send to: \_\_\_\_\_ Deadline: \_\_\_\_\_

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Send to: \_\_\_\_\_ Deadline: \_\_\_\_\_

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### For Registrar's Office Use Only

Date Received: \_\_\_\_\_ Holds: \_\_\_\_\_ (Y or N) Date Sent: \_\_\_\_\_