WESTMINSTER ACADEMY®
DEVOTED TO CHRIST • DEDICATED TO EXCELLENCE

TRANSCRIPT REQUEST

Please complete this form and mail along with payment attention of the Registrar

Westminster Academy
5601 N. Federal Hwy.
Fort Lauderdale. Fl 33308
E-mail camejoj@wa.edu
Fax: 954.771.7640

Name _____ _____
Last **First** **Maiden** **Social Security Number**

Address _____ _____
Street **City** **State** **Zip** **Phone Number**

Email: _____

☐ **Current Student:** **YES** ☐ Graduation Year _____

NO ☐ Last Year enrolled _____

☐ **Alumni:** **Year Graduated:** _____

Transcript Order: **$5.00 per Official Transcript** **$2.00 per Unofficial transcript**

Number of Official Transcripts _____

Number of Unofficial Transcripts _____

Method of Payment _____ **cash** _____ **check**

☐ **Pick-up** **Date:**_____

☐ **Mail Records to:** _____ _____

_____ _____

_____ _____

_____ _____

Please use the back for additional addresses-if needed.

I attest to the fact that I am the aforementioned individual (or parent if individual is under 18) who is requesting these educational records.

_____ _____
Signature **Date**

Westminster Academy is a Christ-centered, biblically-based college preparatory school dedicated to equipping covenant students to excel by using their gifts and talents for God's glory.