TRANSCRIPT REQUEST FORM

Thomas S. Wootton High School 2100 Wootton Parkway, Rockville, MD 20850
Registrar's Office Tel: 240-740-1554 Fax: 301-517-4761

Name: _______________________________ Wootton ID#: ___________
Address: _______________________________
_____________________________________
Phone #: _______________________________

Current Grade: _______
Wootton Graduation Year (if postgraduate): _______
Must be within 5 years of graduating Wootton. If not, please refer to the MCPS website for requesting your transcript through Central Records.
https://www.montgomeryschoolsmd.org/students/transcripts/

Information Requested:

- Official Transcript ______
  Must be mailed directly to the organization.
- Unofficial Transcript ______
- Immunization Record ______

Please send the above requested information to:
Name: _______________________________
Address: _______________________________
_____________________________________
_____________________________________

**FOR POST-GRADUATES**
*I UNDERSTAND THAT THE COST IS $5.00 PER TRANSACTION*
*PAYMENT CAN BE MADE THROUGH THE WOOTTON ONLINE PAYMENT SYSTEM*
*PLEASE EMAIL A COPY OF YOUR PAYMENT RECEIPT ALONG WITH YOUR TRANSCRIPT REQUEST FORM*

*****THERE IS NO CHARGE IF YOU ARE A CURRENT WOOTTON STUDENT

Signature _______________________________ Date ___________

- Must be signed by a parent if you are a current Wootton HS student.
- Must have your signature if you are a postgraduate.
- Please DO NOT type in your name. Must have your actual signature.
- Please allow 2-3 days for processing