



# The Winston School

5707 Royal Lane  
Dallas, Texas 75229  
Tel: (214) 691-6950 Fax: (214) 691-1509

## REQUEST FOR TRANSCRIPT

Name: \_\_\_\_\_  
Last First Date

Date of Birth: \_\_\_\_\_ Current Grade/Year Graduated: \_\_\_\_\_

Note: The transcript includes course titles, semester grades, credits, GPA, and standardized test scores.

- Unofficial Transcript (for your personal records).
- Official Transcript (To be mailed directly to the school or agency).

Date needed: \_\_\_\_\_ (Allow 3 working days for transcript processing).

### I request that my transcript be sent to the following address:

Name of School/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (Students under 18)

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974.