

## GEORGE WASHINGTON HIGH SCHOOL

"Home of the Mighty Gecko Warriors"

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## REQUEST FOR DOCUMENT(S)

Number of copies requested: Official (Signed/Sealed)				Unofficial (No Signature/No Seal)			
Date of Request: Ticket #:			Ticket #: _	Date:			
NAME: (Last, First, Middle)				Maiden or Legal Birth Name / Named Used While In School			
Date of Birth:			Year Graduated:				
Are you a cu	urrent student:	{ } Yes {	} No				
I am request	ing for: Please 🗸 a	ll that apply					
Quantity	Document(s) Requested				Processing Time	Fee	
	Transcript (Official; Signed; Sealed				5 Days	\$10/Copy	
	Transcript (Unofficial; No Signature; No Seal				5 Days	\$5/Copy	
	Unofficial Transcripts for Students Currently Enrolled				3 Days	No Fee	
	Certificate of Graduation				5 Days	\$5/Copy	
	Student Verification				3 Days	No Fee	
	Immunization Record				3 Days	\$2/Copy	
	Copies of School Records (Report Cards, Schedule)				3 Days	\$2/Copy	
Postal Fees for Mail Out Requests				5 Days	\$3/Envelope		
	Other: Please Specify:					.25/Page	
If you are a	NON-GRADUATE	, please indicate th	ne LAST SC	HOOL YEAR	R/GRADE OF ATTENDAN	CE:	
Cell Phone: Home Phone:				Work Phone: Other:			
	ess:				one out		
Check 7 Of	ic. ( ) To be ther	ica op (	j Man 10.				
Please sign	below to authorize	consent:					
Signature Date			Print Nam	Print Name			
Picked Up 1	By:						
Signature D		Date		Print Nam	Print Name		
Payment Received By Date		Date		Receipt #	Receipt #		
		aristopher Castro Student Support	Joni Seris AP, Student		ě	a Taimanglo istrative Officer	