

# HIGH SCHOOL TRANSCRIPT REQUEST

## WYOMING STATE ARCHIVES

BARRETT BUILDING  
2301 CENTRAL AVENUE  
CHEYENNE, WY 82002

PHONE: (307)777-7018 FAX: (307)777-7044  
EMAIL: [WYARCHIVE@WYO.GOV](mailto:WYARCHIVE@WYO.GOV)

**To submit by email:** Print out form, then scan or photograph the completed AND SIGNED form, and attach form and ID to your email. Please call to provide payment by credit card.

### \$4.00 FEE PER TRANSCRIPT

Checks, money orders, Visa or MasterCard accepted

**A copy of your driver's license must be attached to this request**

All requests must be made **in writing by the student of record**

DATE OF REQUEST: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_

NAME OF SCHOOL ATTENDED: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_ NON-GRADUATE, LAST YEAR ATTENDED: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print) (Last) (First) (Middle) (Maiden)

OTHER NAMES USED WHILE IN SCHOOL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(Current)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SEND TRANSCRIPTS TO (check all that apply): Official certified by Mail \_\_\_  
Unofficial by Email \_\_\_ Fax \_\_\_

COLLEGE/BUSINESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FAX NUMBER or EMAIL ADDRESS: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
(VISA OR MASTERCARD, if emailing, please call 307-777-7826 to provide number)

**Payment, ID & Signed Request Must Be Received Before Transcripts Will Be Sent**  
**Transcripts are normally issued within 3 business days after receipt of Request and Payment.**