



Transcript Request Form

Please complete the form below and mail to:

Westmoreland Christian Academy
Attn: Transcript Request
538 Rugh Street
Greensburg, PA 15601

Or fax to:

724-836-7472

Or email to:

westmorelandchristianpa@gmail.com

There is a \$5.00 fee for each transcript.

Payment can be made with cash, check, or money order. Checks should be made payable to Westmoreland Christian Academy.

If faxing or emailing this form, payment can be mailed to or dropped off at WCA Monday-Friday between the hours of 8:00 a.m. and 2:30 p.m. during the school year. Please call or email the school to make arrangements if outside of the academic year.

Date of Request: _____

Full name at time of attendance: _____

Years Attended: _____

Graduation Date: _____

Student Signature: _____

Phone Number: _____

Mail or fax to: _____

Transcripts will not be released until payment is received.

Contact Phone Number
724-853-8308