



240 North A Street ♦ P O Box 2050 ♦ Buckley, WA 98321
Phone: (360) 829-0600 ♦ Fax (360) 829-3358

HIGH SCHOOL TRANSCRIPT REQUEST

DATE _____

Please mail or fax Attn: High School Transcript Request
Allow 3-5 days for processing.

QUANTITY: _____ OFFICIAL (signed & sealed) _____ UNOFFICIAL (Unsigned, open or faxed)

SCHOOL LAST ATTENDED: WHITE RIVER HIGH SCHOOL COLLINS HIGH SCHOOL
 WHITE RIVER ON-LINE CHOICE PROGRAM

GRADUATED? YES NO YEAR GRADUATED / LAST ATTENDED _____

NAME WHILE ATTENDING SCHOOL : _____
FIRST MIDDLE LAST

CURRENT LAST NAME (if different) _____

ADDRESS _____
NUMBER & STREET CITY, STATE ZIP

PHONE (_____) _____ ALT PHONE (_____) _____

DATE OF BIRTH _____ / _____ / _____
MO DAY YEAR

STUDENT SIGNATURE (required) _____

MAIL TO: _____
NAME / INSTITUTION ATTN:
↓
_____ P O BOX or NUMBER & STREET CITY / STATE / ZIP

NOTE: If transcript is to be mailed or faxed to an address other than an accredited institution of higher education, please include a copy of signed, picture identification, i.e. current driver's license.

Please call when available for pick-up. (ID will be required)
 Fax to: (unofficial only) (_____) _____
Attn: _____

OFFICE USE ONLY
Released by: _____ Date: _____