



White River School District No. 416

240 North A Street • P O Box 2050 • Buckley, WA 98321

Phone: (360) 829-0600 • Fax (360) 829-3358

The Educational Home of Our Community

HIGH SCHOOL TRANSCRIPT REQUEST

Please mail or fax Attn: High School Transcript Request
Allow 7 - 10 days for processing.

DATE _____

REQUEST FOR: OFFICIAL _____ UNOFFICIAL _____, copies of high school transcript.
QUANTITY QUANTITY

SCHOOL LAST ATTENDED: WHITE RIVER HIGH SCHOOL COLLINS HIGH SCHOOL

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 _____ / _____ / _____ SSN: (optional) _____ - _____ - _____
MO DAY YEAR

STUDENT SIGNATURE (required) _____

MAIL TO*: _____
NAME / INSTITUTION ATTN:

_____ P O BOX or NUMBER & STREET CITY / STATE / ZIP

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

***TO MAINTAIN THE PRIVACY OF YOUR RECORDS**
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.

OFFICE USE ONLY
Released by: _____
Date Released: _____