



Renton School District Transcript Request

Date: _____

Name: _____ Birthdate: _____

Phone Number: _____ Email: _____

Last School Attended: _____ Grad Year: _____ Non Grad / Year Withdrawn: _____

Name While Attending (if different): _____

Signature: _____

You must attach the following to receive a transcript:

- ☐ Copy of current picture ID with signature (driver's license or passport)
 - If eighteen or older: If you are requesting another individual to pick up a transcript on your behalf, please include a signed letter identifying the individual by name along with a copy of your picture ID. Said designee will also need to present their photo ID upon pick up.
- ☐ Proof of purchase (\$5.00 per transcript) Fee is waived for current students and those who have graduated within the past year.
*Payments can be made online at: <https://wa-renton.intouchrecepting.com/>

Official or Unofficial Copy?

How many transcripts are you requesting? _____

How would you like transcript sent?

Email: College, University or Personal _____

Fax Number _____ **Attn:** _____

Mail: College, University, or Personal Address

Address One: Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Address Two: Name: _____

Address: _____

City: _____ **State:** _____ **ZipCode:** _____