



Post Falls High School

Registrar Office
 P.O. Box 40
 2832 E. Poleline Ave.
 Post Falls, Idaho 83877
 Email: dedmonds@sd273.com
 Phone: (208) 773-5411
 Fax: (208) 773-8878

Transcript/Records Request Form

Please send a completed transcript request form to the fax # or address above.
 Transcripts will include SAT/ACT test scores if available.

Information About You:

Last Name		First Name		MI	Previous/Maiden Last Name
Current Address					Birth Date
City		State	Zip Code	Phone Number	
<input type="checkbox"/> Post Falls H.S. Graduate Year Graduating: _____		<input type="checkbox"/> Non - Grad Year Withdrawn: _____			

Send Transcripts To:

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

I authorize Post Falls High School to send transcripts of my academic record to the destination(s) indicated on this request. I understand that Post Falls High School cannot accept responsibility for transcripts lost in the U.S. Mail system.

Signature _____ Date: _____

For official use only.	
Date Requested:	Date Mailed:

