



# Post Falls High School

Registrar Office  
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Post Falls, Idaho 83877 Email:  
denise.edmonds@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<br>Year Graduating: _____ |  |            | <input type="checkbox"/> Non - Grad<br>Year Withdrawn: _____ |    |                           |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) |

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

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| 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: |
|                        |              |