

# HOCKINSON HIGH SCHOOL

16819 NE 159TH STREET  
BRUSH PRAIRIE, WA 98606  
TEL: (360) 448-6450 FAX: (360) 448-6459

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## REQUEST FOR TRANSCRIPT(S)

Date Requested: \_\_\_\_\_

Date Mailed/Available to Student: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Official Transcript

Unofficial Transcript

**Transcripts can be given to the student or mailed to a University or College. Please specify which service you would like.**

Transcripts will be available or mailed the day following your request.

Return Request to:

Provide \_\_\_(qty) transcript(s) to me in a sealed envelope with my name on it. I will pick up at the front office.

**Hockinson High School  
ATTN: Registrar  
16819 NE 159th Street  
Brush Prairie, WA 98606**

Mail the official transcript to:

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mail the official transcript to:

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mail the official transcript to:

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mail the official transcript to:

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (If under 18 years of age)