

HOCKINSON HIGH SCHOOL

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

SUMMER TRANSCRIPT(S) REQUEST

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.

Provide ___(qty) transcript(s) to me in a sealed envelope with my name on it. I will pick it up at the District Office - Monday-Thursday 8:00am to 4:00pm

Submitting your request:

**Email -
summer_transcripts@hocksd.org**

or

**Drop off -
Monday-Thursday 8:00am - 4:00pm
Hockinson School District Office
17912 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 _____

Student Signature

Parent Signature (If under 18 years of age)