

# 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.

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

Return Request to: [trina.kuntz@hocksd.org](mailto:trina.kuntz@hocksd.org)  
or mail to:

**Hockinson High School  
ATTN:Trina Kuntz  
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

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Parent Signature (If under 18 years of age)