

TRANSCRIPT REQUEST

(Please allow up to two weeks for processing)

Date: _____ Daytime Telephone/Cell Number _____

Student: _____
(Last Name) (Maiden Name) (First Name) (Middle initial)

Date of birth: _____ Graduation year: _____ or last year attended: _____

Name of the school you graduated from or last school attended: _____

Transcripts requested:

- Official (*sealed envelope*) How many copies? _____
 Unofficial How many copies? _____

Delivery Method (For pick up please turn the form in to the corresponding location that you check):

- Pick up at District Office Pick up at Monroe High School

Fax to: Attention (Name): _____

Company/School: _____

Fax Number with Area Code: _____

Email to _____

Mail to: Attention (Name): _____

Company/School _____

Street Address _____

City, State, Zip _____

Comments or additional information/email address _____

Signature _____ Name (Printed) _____

Relationship (check one): Self Parent/Guardian (if student is under 18)

Mail, fax *or* scan and email completed Transcript Request to MHS if you graduated in 2016 or later/to the District Administration Building if you graduated or attended prior to 2016.

Mail: Monroe High School (or) Monroe School District Fax: MHS 360 804-4698
17001 Tester Road 14692 179th Ave SE Dist. Office 360 804-2529
Monroe, WA 98272 Monroe, WA 98272

Scan: MHS: vaughnq@monroe.wednet.edu District Office: herbers@monroe.wednet.edu