

## Transcript Request Form

New Market Skills Center New Market High School New Market Summer School

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STUDENT NAME WHILE ATTENDING: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ CLASS OF: \_\_\_\_\_ GRADUATE:  YES  NO

UNOFFICIAL TRANSCRIPT (via email)

OFFICIAL TRANSCRIPT

I will pick up

Please mail to:

University/Self: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By submitting this form, you acknowledge the request to release your student academic history, that you are the requestor, and you can provide documentation to prove your identity if requested. You hereby indemnify New Market of any loss or issues arising from the release of your student information to any party on your behalf.*

STUDENT SIGNATURE: \_\_\_\_\_

Return form to Alison Watson, Registrar: [alison.watson@tumwater.k12.wa.us](mailto:alison.watson@tumwater.k12.wa.us)

Phone 360.570.4513 / Fax 360.570.4502

*Allow a minimum of 24 hours to process your request.*

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