

Date Rec'd \_\_\_\_\_

**TRANSCRIPT REQUEST FORM***(Please allow up to two weeks for processing)*

Date: \_\_\_\_\_ Phone 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 into 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 \_\_\_\_\_

Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_

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

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Mail, fax, or email completed Transcript Request Forms to MHS if you graduated in 2005 or later, and to the District Administration Office if you graduated prior to 2005. **You must also send a copy of your photo ID for identity verification.**

Monroe High School

Fax: 360 804-4698

17001 Tester Road

Monroe, WA 98272

MHS: pelayoa@monroe.wednet.edu

Monroe School District

Fax: 360 804-2529

14692 179<sup>th</sup> Ave SE

Monroe, WA 98272

District Office: herbers@monroe.wednet.edu