

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*)
☐ UnofficialHow many copies? _____
How many copies? _____

Delivery Method (for pick-up please turn the form into the corresponding location that you check):

☐ Pick up at District Office
☐ Fax to:☐ Pick up at Monroe High School
☐ Pick up at Sky Valley Education Center

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)

Mail, fax, or email completed Transcript Request Forms to MHS or SVEC 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 98272pelayoa@monroe.wednet.eduSky Valley Education Center
Fax: 360 804-2759
351 Short Columbia St,
Monroe WA 98272boyesj@monroe.wednet.eduMonroe School District
Fax: 360 804-2529
14692 179th Ave SE,
Monroe WA 98272rothmane@monroe.wednet.edu