Post Falls High School

Transcript/Records Request Form

Registrar Office
P.O. Box 40
2832 E. Poleline Ave.
Post Falls, Idaho 83877
Email: mary.triana@sd273.com
Phone: (208) 773-5411, Fax: (208) 773-8878

Please send a completed transcript request form to the fax # or address above.
Transcripts will include SAT/ACT test scores if available.

Information About You:

Last Name	First Name	MI	Previous/Maiden Last Name
Current Address			Birth Date
City	State	Zip Code	Phone Number

☐ Post Falls H.S. Graduate ☐ Non – Grad

Year Graduating:_____ Year Withdrawn: _____

Send Transcripts To:

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

Recipient
Address
Optional - Unofficial Transcript (Fax # or E-Mail Address)

I authorize Post Falls High School to send transcripts of my academic record to the destination(s) indicated on this request. I understand that Post Falls High School cannot accept responsibility for transcripts lost in the U.S. Mail system.

Signature _____ Date: _____

For official use only.	
Date Requested:	Date Mailed: