

LA CENTER HIGH SCHOOL
725 Highland Rd
La Center, WA 98606
TEL: (360) 263-1700 FAX: (360) 263-5577

REQUEST FOR TRANSCRIPT(S)

Date Requested: _____

Enrollment Name at Graduation/Withdrawal *please print:*

(Former students – were you enrolled under a maiden name or nickname)

Date of Birth: _____

Graduation Date: _____

Official Transcript Unofficial Transcript

Signature authorizing release of record:

Contact Phone Number: _____

Mail to: _____

Fax to: _____

Fax number: _____

Pick-up in the high school office