

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

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## REQUEST FOR TRANSCRIPT(S)

Date Requested: \_\_\_\_\_

**Enrollment Name** at Graduation/Withdrawal *please print*:

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*(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:

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Contact Phone Number: \_\_\_\_\_

**Mail to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax to:** \_\_\_\_\_

Fax number: \_\_\_\_\_

**Email to:** \_\_\_\_\_

Email address: \_\_\_\_\_

**Pick-up** in the high school office