

HOCKINSON HIGH SCHOOL

16819 NE 159TH STREET
BRUSH PRAIRIE, WA 98606
TEL: (360) 448-6450 FAX: (360) 448-6459

REQUEST FOR TRANSCRIPT(S)

Date Requested: _____

Date Mailed/Available to Student: _____

Full Name: _____

Date of Birth: _____

Grade: _____

Official Transcript

Unofficial Transcript

Transcripts can be given to the student or mailed to a University or College. Please specify which service you would like.

Transcripts will be available or mailed the day following your request.

Return Request to:

Provide ___(qty) transcript(s) to me in a sealed envelope with my name on it. I will pick up at the front office.

**Hockinson High School
ATTN: Joanne Graham, Registrar
16819 NE 159th Street
Brush Prairie, WA 98606**

Mail the official transcript to:

Name _____
Address 1 _____
Address 2 _____
City _____ State ____ Zip _____

Mail the official transcript to:

Name _____
Address 1 _____
Address 2 _____
City _____ State ____ Zip _____

Mail the official transcript to:

Name _____
Address 1 _____
Address 2 _____
City _____ State ____ Zip _____

Mail the official transcript to:

Name _____
Address 1 _____
Address 2 _____
City _____ State ____ Zip _____

Student Signature

Parent Signature (If under 18 years of age)