



# TRANSCRIPT/SCHOOL RECORD REQUEST

Students who graduated within the past year should contact their last school for a copy of their transcript.

<b>Please Print</b>		Date _____	
Full Name (Last, First, Middle)		Last name used in school if different	
Date of Birth		Telephone	
Current Mailing Address-Street			Apt. No.
City	State	Zip	
Please check last Vancouver Public School attended			
<input type="checkbox"/> Columbia River	<input type="checkbox"/> Hudson's Bay	<input type="checkbox"/> Lewis & Clark	
<input type="checkbox"/> Fort Vancouver	<input type="checkbox"/> Skyview	<input type="checkbox"/> VSAA (Arts & Academics)	
<input type="checkbox"/> Middle _____	<input type="checkbox"/> Elementary _____	<input type="checkbox"/> Other _____	
Year graduated or should have graduated		Last year attended	
Additional information or instruction			
Mail Transcript To			
Attention	Address-Street		
City	State	Zip	
Fax Transcript To		Attention	
<b>Mail or FAX Transcript Request Form to:</b> <b>Vancouver Public Schools</b> <b>Student Record Center</b> <b>P.O. Box 8937</b> <b>Vancouver, WA 98668-8937</b> <b>Phone (360) 313-4897      FAX (360) 313-4889</b>			

*I authorize release of my transcript as directed on this form.*

X \_\_\_\_\_

Student Signature Required (Parent may sign authorization if student is under age of 18.)

<b>For Office Use Only</b>	
Date Received _____	Sent/Faxed _____
Comments _____	
_____	