



Transcript Request Form

Please complete this request form and we will be happy to fill your request.

If you have any questions regarding transcript requests, please contact Ana Susan, the Registrar, at 425-413-6233 or email asusan@tahomasd.us

YOU ARE REQUIRED TO PRINT AND SIGN A COPY OF THIS FORM

First, Middle and Last Name: _____ Date: _____

Graduation Year: _____ Birthdate: _____ Phone: _____

Email: _____

Student Signature - electronic signatures are NOT accepted: _____

Please select which type of transcript you need:

- Unofficial** transcript
*Can be emailed directly to the student.
Typically used to complete college/scholarship applications.*
- Official** transcript
*Emailed, hand delivered, or mailed directly to the school or place of employment.
May be used to apply to college, for employment, and scholarships.*
- Both**

Please select the preferred delivery method (you may choose more than one):

- I will pick it up in the Counseling Office.
- Fax to, Name: _____ Fax Number: _____
- Email to, Name: _____ Email: _____
- Mail to (You do not need to provide addresses for colleges in Washington):

(1) College or other name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

(2) College or other name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

(3) College or other name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Return form to the Counseling Office in person, by mail, by fax, or email using the information below.

Ana Susan, Registrar
 Tahoma High School
 23499 SE Tahoma Way
 Maple Valley, WA 98038

Phone: 425-413-6233
 Email: asusan@tahomasd.us
 Fax: 425-413-6333

During the summer, submit to:

Tahoma High School	Phone: 425-413-6299
Attn: Linda Hren	Email: lhren@tahomasd.us
23499 SE Tahoma Way	and mrhymes@tahomasd.us
Maple Valley, WA 98038	Fax: 425-413-6333