Student Transcript Request Form

Please fax completed form to (425) 385-4402 or e-mail to EHStranscript@everettsd.org Requests may be made by phone by calling (425) 385-4415

Today's date:							
Date of birth: Phone Number:	Today's date: Date needed by:	Student #:					
Current EHS student?	First and Last Name:						
Official Transcript - # of copies needed: Pick up	Date of birth: Phone Num	ber:					
Pick up Mail EMail Reason: Scholarship College application Other: Mail/Email to: (If college is out-of-state provide address please!) If you are no longer an EHS student please also fill out the following: (PRINT full/maiden name used at EHS): Graduate: yes no Last year at EHS: Transcripts will be available for pick up in the front office within 72 hours. Student Transcript Request Form Please fax completed form to (425) 385-4402 or e-mail to EHStranscript@everettsd.org Requests may be made by phone by calling (425) 385-4415 Today's date: Date needed by: Student #: First and Last Name: Date of birth: Phone Number: Current EHS student? yes no (if no see below) Current Grade (circle one): 09 10 11 12 Official Transcript - # of copies needed:	Current EHS student?	Current Grade (circle one): 09 10 11 12					
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