

Paideia High School

3043 Huffman Road • Valley, WA 99181 • P: 509-937-2655 • F: 509-937-2656

HIGH SCHOOL TRANSCRIPT REQUEST *Please review fee and mailing requirements below.*

STUDENT/REQUESTER:

Student Name (full, include maid	en)	Date of Birth		
Address		City/State	/Zip	
Phone	E-mail ,			
☐ GRADUATED (mo/yr)	_/ □ WILL GRADUATE (n	no/yr) /	□ WITHDREW (mo/yr) /	
(Official transcripts will be maile		ollege/university. I	cript(s) to the entities indicated below. Most institutions do not accept official copies if ing.)	
Requester Signature			Date	
Parent/Guardian Signature _ (for students under age 18)			Date	
TRANSCRIPT ORDER:				
☐ OFFICIAL / NO. OF COPIE	S □ <u>UNOFFICIAL</u> / NO). OF COPIES	□ NEED SEPARATELY SEALED	
Name/Entity		Attn		
		City/State/Zip		
			□ NEED SEPARATELY SEALED	
Name/Entity		Attn		
Address		City/State/Zip		
TRANSCRIPT RELEASE PROCE Transcripts must be request must be provided by the act of the completed and signed Transcripts need official transcripts - \$3.00 per copy.	DURES & FEES: sted by and released only to the dult student/parent for PHS to reserve of the student of the dult student of the dult student of the student	e adult student or release the trans pts will be provide released direct cessing fees applad, sealed transcrate of graduationing fees apply: U Official Jnofficial TOTAL AMOUNT In total payment to	r parent. Written permission (this form) cripts(s) to another person/entity. ided at no charge upon receipt of this cly (in-person) to the adult student or y: Unofficial transcripts – \$1.50 per copy; ript is provided at no charge and released n. After 45 days, a Transcript Request nofficial transcripts – \$1.50 per copy; Official X \$3.00 ea. = \$	
FOR OFFICE USE ONLY:	 Date Request Received:		By:	
	Date Released/Mailed:		-	