



TRANSCRIPT REQUEST

(Allow 3 days for processing)
(Current students only =1 day turn around)
AUBURN SENIOR HIGH SCHOOL
800 FOURTH ST N.E.
AUBURN, WA 98002
253-931-4876
FAX# 253-931-4705

Office Use Only
Transcript Processed:
Date: _____
Initials: _____
Mail Fax Pick-up VG

Please Print or Type Clearly:

*Today's Date: _____

*Name used when student at AHS: _____

*Birth date: _____ *Contact Tele. No. _____

*Year of Graduation or Dates of Attendance: _____ Grade level (current students only) _____

* Student Signature: _____

ALL FINES AND FEES MUST BE CLEARED PRIOR TO PROCESSING THIS REQUEST
If you are not sure if you have fines, please see the bookkeeper for clearance before leaving this form.

_____ Fines/Fees Cleared _____ Hold for outstanding Fines Amount of Fee \$ _____

Bookkeeper Signature: _____ Today's date: _____

*Total Number of Transcripts: _____

_____ Official _____ Un-official

If Available Please Furnish:

_____ SAT _____ ACT

*Check One:
_____ Hold for in-person Pick-up
_____ Send to Address(s) below
_____ Hold For Final Transcript

Number of Transcripts to be sent to: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Transcripts to be sent to: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

***MEANS IT REQUIRES A RESPONSE!!!!**