



Lake Roosevelt Jr./Sr. High School

REQUEST FOR TRANSCRIPT

505 Crest Dr.
Coulee Dam, WA 99116
Telephone: (509) 633-1442
Fax: (509) 633-0356

STUDENT INFORMATION:

Name on Transcript: _____

Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ to _____
Year Year

Graduated: _____
Year

PICTURE IDENTIFICATION REQUIRED

Please attach copy of picture identification

Send transcript to: Please enclose addressed/stamped envelope)

Student/Guardian Signature: _____

Student/Guardian Name: (Please Print) _____

Date: _____

For Office Use Only:

Date Received: _____

Date Mailed: _____