



Wahluke High School

505 N. Boundary Road
PO Box 907
Mattawa, WA 99349
Phone: (509) 932-4477
Fax: (509) 932-4241

HIGH SCHOOL TRANSCRIPT REQUEST

Date: _____ Time: _____

Student Name: _____ Birthdate: _____
(Clearly print student name while enrolled in school)

Last School Attended: Wahluke High School Sentinel Tech

Last year Attended : _____

Graduated: NO YES Graduation Date: _____

Current Mailing Address: _____

City, State, Zip: _____ Telephone: _____

Mail or Fax transcript to (please check one): Official Unofficial

- 1. Address as listed above
- 2. Fax#: _____
- 3. Name: _____
Address: _____
City, State, Zip _____
- 4. Name: _____
Address: _____
City, State, Zip _____

Email transcript to (unofficial only): _____
Personal email only

Pick up in Person Official Transcript(s) _____ Unofficial Transcript(s) _____

Student's Signature: _____

By signing I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (RCW Chapter 9A.60.020: Forgery is a class C felony punishable by imprisonment and/or fine).

PICTURE IDENTIFICATION REQUIRED : Please attach a copy of picture identification with this completed form. This form can be submitted by mail, fax, in person or by email to transcripts@wahluke.net. Please allow 48 hours (2 school days) for the request to be processed.

Thank you,
Mariana Contreras, HS Counseling Secretary

-----**For Office Use Only**-----

Date/Time Received: _____ Fees or fines cleared _____
Date sent: _____ Staff Initials: _____