



Evergreen Public Schools

TRANSCRIPT REQUEST

Please Print		Date	
Full name (Last, First, Middle)		Last name used in school if different	
Date of birth		Telephone	
Current mailing address- <i>Street</i>			Apt No
City		State	Zip
Please check last high school attended:			
Evergreen	Heritage	IQ/EIA	Legacy/ALC
Mtn. View	Union H.S.		
Year graduated/should have graduated: _____ Date last attended? _____			
Send: SAT/ACT Test Scores? Yes No			
We retain SAT/ACT test scores for five years. For tests taken over five years ago contact:			
College Board SAT Program P.O. Box 025505 Miami, FL 33102 (866) 756-7346		ACT Test Results P.O. Box 451 Iowa City, IA 52243-0451 (319) 337- 1313	
Send Immunizations? Yes No We retain immunizations for five years.			
Mail Transcript to:			
Attn:		Address - <i>Street</i>	
City		State	Zip
Fax Transcript to:		Attn:	
Mail Transcript Request Form to: Evergreen School District Record Center P.O. Box 8910 Vancouver, Washington 98668 Phone (360) 604-4050 Fax (360) 604-4102			
STUDENT AUTHORIZATION (Required)			
I authorize release of my transcript as directed on this form.			Parent signs authorization if student is under age of 18.
X			
<i>For Office Use Only</i>			
Date Received: _____ Date Completed _____ Fines? _____			
Mailed _____ Faxed _____ Picked Up _____			
Processed by Sue Warnke _____ Ilona Gilzow _____			