

Chief Sealth I.H.S

Transcript Request Form
2600 Thistle SW, Seattle, WA 98126
206-252-8550

TRANSCRIPT REQUEST

Student Name: _____ ID# _____ Date: _____

*Graduation Year: _____ *Before 2013, contact student records and archives at 206-252-0785.

> HOW MANY do you need? _____ OFFICIAL (Fines must be cleared!)
_____ Unofficial (copy only without signature or school seal)

To include: _____ School Profile _____ Addendum

> STUDENT TO PICK-UP from the Counseling Office? _____ YES! I'll notify you once they are available.

> Do need an official transcript MAILED TO A 3RD PARTY?

Via USPS? _____ YES! Please provide addressed & **stamped** envelope(s) to complete the request.

Via Fax? _____ YES! Please provide the Fax #: _____.

Via Email? _____ YES! Please provide the Email: _____.

> For current students, a Student or Parent Signature required when sending a transcript to a 3rd Party.

> For alumni (graduates) that are 18 years of age or older, only the person of record can authorize a release of transcripts to a 3rd Party.

Please process the transcript request per the instructions noted above.

Student (or Alumni) Signature _____

Parent or Guardian Signature _____

OFFICIAL OFFICE USE ONLY

> FINES: Amount DUE: _____ Notified _____