



**TOPPENISH SCHOOL DISTRICT NO.202**

306 Bolin Drive

Toppenish, Washington 98948

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Business Hours: 7:30 a.m. – 4:30 p.m.

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# HIGH SCHOOL TRANSCRIPT REQUEST

The Federal Family Rights and Privacy Act of 1974 (FERPA 1974) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA 1996), require a written and signed authorization from the student who has attained the legal age of eighteen.

The Toppenish School District Transcript is an official and legal document. The transcript may be obtained by completing this form in person at the Administration Center or by faxing or mailing this completed form to the Toppenish School District addresses at the top of this form. There is no fee for this service. Please allow 2-3 business days for the request to be processed.

Date \_\_\_\_\_

Legibly Print Student Name While Enrolled In School \_\_\_\_\_

Student Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Last Calendar Year Attended \_\_\_\_\_

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing (typing name) 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).**

Student’s Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

## MAIL a transcript to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

**(Faxed/emailed transcripts are not official transcripts)**

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

### Type of transcript request\*

Official transcript(s)

Total amount of transcripts needed: \_\_\_\_\_

Unofficial transcript(s)

\*Transcripts not picked up after 2-3 business days will be mailed to the student’s address above.