



Evergreen Public Schools

TRANSCRIPT REQUEST

Please Print		Date _____	
Full Name (Last, First Middle)		Last name used in school if different	
Date of Birth	Phone Number		
Current Mailing Address-Street			Apt No
City	State	Zip	
Please check last high school attended:			
Evergreen _____ Hela _____ Heritage _____ iQ Academy _____ Legacy _____ Mtn. View _____ Union _____			
Year graduated/should have graduated: _____ If non-grad/date last attended? _____			
SAT/ACT, AP Test Scores			
To obtain your test scores go to: collegeboard.org			
College Board SAT Program (866) 756-7346		ACT Test Results (319) 337- 1313	
Mail Transcript to:			
Attn:	Address – Street		Apt No
City	State	Zip	
Fax Transcript to:		Attn:	
Email Transcript to:			
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 E-mail: transcripts@evergreenps.org	
STUDENT AUTHORIZATION (Required)			
I authorize release of my transcript as directed on this form. X Please include a photo copy of identification (i.e. Drivers License)			Parent signs authorization if student is under age of 18.
For Office Use Only			
Date Received: _____		Date Completed _____	
Mailed _____ Faxed _____ E-mailed _____		Picked Up _____ Uploaded to SS _____	
Processed by: _____		Entered in Student System _____	
Fines? _____		ID Provided/Checked _____	