



Records & TRANSCRIPT REQUEST FORM

*Please allow up to two weeks for the processing of your official transcript. Expedited transcripts will be processed in 3 business days.

Date: _____ Student ID or Last four of Social Security Number: _____

Last Name	First Name	Middle Initial
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Address	City	State	Zip
Phone Number: _____		Email: _____	

Date of Birth: _____ Name while attending WHS HAST: _____

Send Transcript to: (If different from above)

Records Request – check all that apply:

- Official Transcript (\$5)
 Official Expedited Transcript (\$15)
 Educational Records (\$10)

Student Signature (required): _____

Mail transcript requests to WHS – HAST PO Box 826 Tualatin, OR 97062 or email to sagricola@comcast.net

Payment may be made with one of the following methods:

- Check, Money Order
 Credit Card

If you are using a credit card you may call the Program Coordinator to process your payment.

If you have questions regarding transcripts, please call Susan Agricola, Program Coordinator at 360-607-1895:

Staff Use Only

Transcript Fees: _____ Date records sent: _____ Additional Notes: _____