



Records Requests are normally processed within three business days.

For Office Use Only
Date Received:
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REQUEST FOR EDUCATIONAL RECORDS

Send completed form to the address listed below.

DATE: DAYTIME TELEPHONE/CELL NO:
NAME: (LAST) (FIRST) (MIDDLE) (FORMERLY)
ADDRESS: APT. NO:
CITY: STATE: ZIP:
BIRTHDATE:
I AM REQUESTING A SEATTLE PUBLIC SCHOOLS TRANSCRIPT/SCHOOL RECORD:
SCHOOL: [] High School [] Middle School [] Elementary School YEAR GRAD: (or last year attended)

REQUIRED DOCUMENTS TO INCLUDE WITH YOUR REQUEST:

- 1. A COPY OF YOUR DRIVER'S LICENSE OR PICTURE IDENTIFICATION THAT INCLUDES YOUR BIRTHDATE AND SIGNATURE.
2. IF APPLICABLE, YOUR PETITION FOR CHANGE OF NAME AND COURT ORDER CHANGING NAME.
3. IF DECEASED, A COPY OF THE DEATH CERTIFICATE.

THERE IS A \$5.00 FEE PER OFFICIAL TRANSCRIPT/RECORD AND/OR A \$15.15 FEE FOR A REPLACEMENT DIPLOMA. PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO "SEATTLE PUBLIC SCHOOLS" FOR THE TOTAL AMOUNT.

I AM REQUESTING:

A TRANSCRIPT/SCHOOL RECORD: NUMBER OF COPIES REQUESTED: X \$5.00 (EA) = \$
DROP OFF REQUESTS @ 2445 3rd Ave S, M/S 21-171, Seattle, WA 98134. (Please also use this address if sending rush mail.)
A REPLACEMENT DIPLOMA (\$15.15)
I am including an additional \$3.50 (total of \$18.65) for a laminated wallet-size copy of my diploma.

MY CHECK/MONEY ORDER NUMBER FOR \$ IS INCLUDED WITH THIS REQUEST. (Cash payments must be for the exact amount.)

Office Use Only > Received from:

PLEASE SEND SCHOOL TRANSCRIPTS/SCHOOL RECORDS OR REPLACEMENT DIPLOMA TO:

Address lines for sending records or diplomas

FAX RECORDS TO: ATTENTION (NAME): COMPANY/SCHOOL: FAX NUMBER WITH AREA CODE:

SIGNATURE: (REQUIRED)

RELATIONSHIP (PLEASE CHECK ONE): SELF PARENT LEGAL GUARDIAN