



Southridge High School

3520 Southridge Boulevard

Kennewick, WA 99338

Telephone (509) 222-7200 FAX (509) 222-7201

www.southridge.ksd.org

HIGH SCHOOL TRANSCRIPT REQUEST

A transcript may be obtained by completing this form in person at Southridge High School or by faxing or mailing this completed form to Southridge High School address at the top of this form. There is no fee for this service. Please allow 1 to 5 business days for the request to be processed. *Transcripts not picked up after 2 business days will be mailed to the student's address on file.

Note: If you have fines on your account, you will be given an unofficial transcript. When fines are cleared, official transcript will be available.

Still Attending or Withdrew from Southridge High School? Yes (continue to fill out this form)

No **STOP !!**
You need to fill out a different form -
[Click Here](#)

Today's Date: _____

Student ID #: _____

Student's Phone #: _____ Student's Date of Birth (mm/dd/yyyy): _____

Print Student's Full Name While Enrolled in School: _____

Student's Address: _____

City, State, Zip: _____

Student's or Parent's Signature: _____

By signing, I declare under the penalty of perjury that the foregoing is true and correct.

• **MAIL** to me? How Many? _____

• **PICK UP** in Person? How Many? _____

• **FAX or EMAIL** an Unofficial Transcript to:

1. _____

2. _____

3. _____

4. _____

5. _____

Need your transcripts to be mailed to other places? Turn over.



Southridge High School

3520 Southridge Boulevard

Kennewick, WA 99338

Telephone (509) 222-7200 FAX (509) 222-7201

www.southridge.ksd.org

HIGH SCHOOL TRANSCRIPT REQUEST

Note: If you have fines on your account, you will be given an unofficial transcript. When fines are cleared, official transcript will be available.

- **MAIL to:**

1. Name: _____

Attn: _____

Address: _____

City, State, Zip: _____

2. Name: _____

Attn: _____

Address: _____

City, State, Zip: _____

3. Name: _____

Attn: _____

Address: _____

City, State, Zip: _____

4. Name: _____

Attn: _____

Address: _____

City, State, Zip: _____

5. Name: _____

Attn: _____

Address: _____

City, State, Zip: _____