



TOPPENISH SCHOOL DISTRICT NO.202
306 Bolin Drive
Toppenish, Washington 98948
Telephone (509) 865-4455 FAX (509) 865- 7502
Business Hours: 7:30 a.m. – 4:30 p.m.
www.toppenish.wednet.edu



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.