

TRANSCRIPT REQUEST FORM FOR SKYLINE GRADUATES

Please Print

Name _____ Birth date _____ Date _____

Year of Graduation

_____ # of official transcripts requested in a sealed envelope

Your Name and Address

There is a \$2 charge for each transcript. Please include a check made out to Skyline High School. Mail this request, your transcript fee and a self addressed stamped envelope to:

Skyline High School
1122 228th Ave SE
Sammamish, WA 98075

If you'd like us to mail the transcript to a college please include a stamped, addressed envelope.

Please allow 48 hours to process