

**VERNONIA SCHOOL DISTRICT 47J
TRANSCRIPT REQUEST**

Name as it appears on transcript: _____

Graduation year: _____ Birthdate: _____

Processing Instructions:

Requires transcript to be an official* copy: Yes No

* official transcript must be emailed directly to the requesting institution or received & remain in a sealed envelope if mailed

Fax to: _____

Mail to: _____
(mailing address)

Email to: _____

Signature: _____ Date: _____

.....

For Office Use Only: Transcript sent / faxed / hand delivered on _____ by _____
(date) (initials)

Return this form during the school year to twilliams@vernoniak12.org or mail to the VHS Office, 1000 Missouri Avenue, Vernonia, OR 97064. Summertime requests need to be submitted to bcarr@vernoniak12.org.