

**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: _____

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

Return this form to the Vernonia School District Office, 1201 Texas Avenue, Vernonia, OR 97064 or by email to bcarr@vernoniak12.org. Questions? Call 503 429-5891.