

# OFFICIAL TRANSCRIPT REQUEST FORM

Transcripts requests may be mailed, emailed or faxed to:

## Emmett High School

*Transcript Requests*

721 W 12<sup>th</sup> St

Emmett ID 83617

[csaldana@isd221.net](mailto:csaldana@isd221.net)

Fax: 208-365-7802

Office Use
D.O.B. _____
Date sent: _____
Payment Received: _____
Payment Type: _____

**\*Graduated students:** There is a \$2.00 processing fee for each transcript, please mail payment, payable by check or cash, to Emmett High School:

## Student Information:

\_\_\_\_\_  
Current Full Name

\_\_\_\_\_  
Former/Maiden Name (if applicable)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Year of graduation or year last attended EHS

\_\_\_\_\_  
Today's Date

Send to: _____
Attn: _____
Address: _____
_____
City, State, Zip _____
or Fax #: _____

Send to: _____
Attn: _____
Address: _____
_____
City, State, Zip _____
or Fax #: _____

Send to: _____
Attn: _____
Address: _____
_____
City, State, Zip _____
or Fax #: _____

Send to: _____
Attn: _____
Address: _____
_____
City, State, Zip _____
or Fax #: _____