HIGH SCHOOL TRANSCRIPT REQUEST FORM

Instructions: Please complete this form and submit it to your previous high school or GED, HiSet, or TASC records office, with the appropriate fee, (if applicable). You will need to contact your previous high school records office to determine the amount of the fee (if applicable). If the high school from which you are seeking to receive your transcript is no longer in operation, contact the School District Offices or Department of Education of the State in which the high school was located. Your signature on this completed form is authorization to release an official copy of your transcript to Washington Online Learning Institute.

PLEASE PRINT

Name:_____ _____ _____
LAST FIRST MI PREVIOUS LAST NAME

Date of Birth (mm/dd/yyyy):_____/____/_____ _

Graduated (mm/yy): _____/_____ Will Graduate (mm/yy): _____/_____

Current Address:_____ ___
STREET APT NUMBER

_____ _____ _____
CITY STATE ZIP CODE

High School:_____

_____
STREET ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

I authorize an official copy of my High School transcript to be released to Washington Online Learning Institute.

Signature of Applicant:_____

Date:_____/_____/_____

Signature of Guardian:_____
(If student is under 18 years of age)

Date:_____/_____/_____

PLEASE SEND TRANSCRIPT TO:
WASHINGTON ONLINE LEARNING INSTITUTE
601 CARLSON PARKWAY, SUITE 1250
MINNETONKA, MN 55305
PHONE: (952) 465-3700
FAX: (952) 465-3701

WASHINGTON ONLINE LEARNING INSTITUTE