



Decatur High School

2800 SW 320th Street • Federal Way, WA 98023
Counseling Center • phone 253.945.5208 • fax 253.945.5322

• HIGH SCHOOL OFFICIAL TRANSCRIPT REQUEST •

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please mail this form with a check
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DATE: _____

DATE OF BIRTH (required): _____ GRAD YEAR/LAST ATTENDED: _____

NAME WHILE ATTENDING: _____
First Name Middle Name Last Name

CURRENT LAST NAME (if different): _____

ADDRESS: _____
Number & Street City, State Zip

PHONE: (____) _____ ALT PHONE: (____) _____

STUDENT SIGNATURE (required): _____

MAIL TO* _____
Name/Institution Attn:

PO Box or Number & Street City, State Zip

FAX TO* (____) _____
unofficial ONLY Attn:

PLEASE CALL when available for pick-up (positive ID will be required),

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