

TRANSCRIPT REQUEST

To order your transcripts please complete the form below. There is a \$5.00 charge per transcript ordered. It is the student's responsibility to request, pick up, or mail transcripts in time to meet college deadlines.

Mail request to: BEST High School
 10903 NE 53RD ST
 Kirkland, WA 98033 Ph: 425 936-2300 Fax: 425 936-2305

Today's Date _____

Name when enrolled at BEST _____

Birth Date _____ BEST Graduate? _____yes _____no

Month/Year you left BEST _____

Number of Official Transcripts Requested _____ Unofficial Transcripts _____

Address where transcript is to be sent: Please Print

Student Name _____

Street _____ Apt.# _____

City _____ State _____ Zip _____

Phone Number (____) _____

Date request received at BEST: _____ Received by: _____ Date Mailed to student: _____