



# Nestucca High School Transcript Request Form

Today's Date:

Date Needed:

Last Name:

First Name:

*If different, last name  
while attending  
Nestucca  
If different, first name  
while attending  
Nestucca*

Graduation  
Year

Birthdate

### Mailed Transcripts

Official

Unofficial

\_\_\_\_ # of Transcripts

Address  
(please  
provide  
full  
address)

Official

Unofficial

\_\_\_\_ # of Transcripts

Address  
(please  
provide  
full  
address)

### Pick Up from Nestucca High School office

Official

Unofficial

\_\_\_\_ # of Transcripts

Date and  
Time  
picking up

### Fax

Official

Unofficial

Provide fax  
number

### Email College/University *(make sure they accept emailed transcripts)*

Official

Unofficial

Email  
address

Official

Unofficial

Email  
address

### Email Scholarship *(make sure they accept emailed transcripts)*

Official

Unofficial

Email  
address

Official

Unofficial

Email  
address

### Email Business *(make sure they accept emailed transcripts)*

Official

Unofficial

Email  
address

Signature is required:

Submit Request by:

**Submit**

Email: registrar@nestucca.k12.or.us

*Any additional information?*