

# 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 Technical 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 Technical Institute.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

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

