

ROOSEVELT HIGH SCHOOL  
TRANSCRIPT REQUEST

Date: \_\_\_\_\_ Daytime Telephone/Cell No: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Former Name)

Email Address: \_\_\_\_\_

I am requesting a transcript(s) from Roosevelt High School.

Year Graduated: \_\_\_\_\_ Number of Copies: \_\_\_\$5.00 Per Copy

Include a check or money order for the transcript order payable to Roosevelt High School.

Total Enclosed \_\_\_\_\_

Signature: \_\_\_\_\_

Roosevelt High School, 1410 NE 66<sup>th</sup> St., Seattle, WA 98115 (206) 252-4810