Wellpinit Alternative Learning Transcript/Diploma/GED Request Form

Please allow 10 school days for request to be processed.

Student Name (*While enrolled*)

_____

Last First

Date of Birth ____/_____/_____ Contact Phone Number: _____

School Attended Wellpinit Alliance H.S. Fort Simcoe H.S. Columbia Basin H.S.

Year of Graduation/Withdrawal _____

_____ Official Transcript- Number of copies needed _____
(Official transcripts will be in a sealed envelope & must remain in the envelope in order to be considered official)

_____ Unofficial Transcript- Number of copies needed _____

_____ Copy of Diploma- Number of copies needed _____

_____ Copy of GED- Number of copies needed _____

Address where you would like documents sent (home address, institution)

_____

_____

_____

"By signing this document I am attesting that I am the person requesting this information"

Signature _____ Date: _____

Please complete & return this form to
Wellpinit Open Doors Reengagement Academy
PO Box 390
Wellpinit, WA 99040
or
Fax to 509-258-4035
or
odtranscript@wellpinit.org