

## Instructions:

1. Completely fill out the transcript request form and mail it to the address below or stop by the high school and fill one out.
2. All requests **MUST** have the student's signature.
3. All requests for graduates is \$2.00, may be paid by check, money order, or cash.
4. **NO CREDIT CARDS** accepted!
5. All fees **MUST** be prepaid.
6. **NO VERBAL** requests will be processed.

Questions should be directed to Michelle Federico at the address or phone number listed below.

Twin Falls High School transcripts can be obtained by written requests only to:

**Twin Falls High School  
Transcripts  
Attn: Michelle Federico  
1615 Filer Avenue East  
Twin Falls, Idaho 83301  
(208) 737-5208 Ext# 3022**

We cannot accept computer-generated signatures, so e-mail request are NOT accepted.

**FEES: \$2.00 per transcript**

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(Cut here)

**Twin Falls High School**  
1615 Filer Avenue East Twin Falls, Idaho 83301

**Transcript Request**  
*24 Hour Minimum Turn Around Time*

Date: _____	Send To: _____
Birth Date: _____	Address: _____
Name: _____	City/ST/Zip: _____
Maiden Name: _____	FAX Number: _____
Home Phone: _____	<input type="checkbox"/> Send transcript
Address: _____	<input type="checkbox"/> Immediately
City/ST/Zip: _____	<input type="checkbox"/> After semester grades are posted
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FINAL Transcript
If not, then when did you graduate or	<input type="checkbox"/> Hold transcript for pickup
Attend Twin Falls High School?	(Student required to pickup, or written permission by student for the substitute)
Year _____	Student's Signature: _____
<input type="checkbox"/> Transcript (\$2)	Number of copies requested: _____
<input type="checkbox"/> Fax (add \$2, Transcript follow Fax-Total \$4)	Date Due: _____

For Record Office Use Only:	Taken By: _____	Date: _____
Mailed _____	Faxed _____	Date sent: _____
		Sent by: _____
		(Initials)