



WASHBURN RURAL HIGH SCHOOL
 OFFICE OF THE REGISTRAR
 5900 SW 61ST STREET
 TOPEKA, KS 66619



HIGH SCHOOL TRANSCRIPT REQUEST FORM

Today's Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Maiden Name (if applicable): _____

Last Year in Attendance: _____ Did Student Graduate? Yes No

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

For PERSONAL USE requests ONLY:

This request is for personal use,
 and includes a copy of my valid
 DRIVER'S LICENSE or
 STATE ID CARD.

Mail transcript to: _____

Mail to the address listed above.

Requests to be sent to a COLLEGE or UNIVERSITY, or to a business for the purpose of employment:

Name of Business, College or University: _____

Mailing Address: _____ OR Fax To: _____

Attn: _____

Please send your completed transcript request to one of the following:

Email: hasteemi@usd437.net

Fax: (785) 339-4295

Mail: Washburn Rural High School
 Attn: Registrar
 5900 SW 61st Street
 Topeka, KS 66619

Please call or email the Registrar, Mrs. Hastert, if you have any questions.
 She can be reached directly at the email address listed above, or by calling (785) 339-4136.