

TRANSCRIPTS WILL BE READY
THE FOLLOWING WORK DAY
AFTER REQUEST IS RECEIVED.

Request Form



Capital High School
2707 Conger Avenue NW
Olympia, WA 98502
(360) 596-8023

Date of Request _____

Student's name while attending CHS:

Birthdate _____ Phone _____

Graduation Class of _____
(must have graduation year to process)

There is a \$5 charge for each
copy of your transcript and
transcripts can't be mailed until
payment is received

I authorize Capital High School to release the following information.

Student

Signature _____

SEND TO:

