



Crossroads High School

205 N Alder Ave
Granite Falls, WA 98252

Bridgette McVay Principal
Phone: 360-283-4407
Fax: 360-283-4307

Please complete and sign this form to request a copy of your high school transcript.
Transcripts cannot be requested over the phone, by email or by a third party (i.e. a parent or guardian).
**Once a student is 18 or in a post-secondary setting, we are required by the Family Educational Rights and Privacy Act of 1974 (FERPA) to have the student's hand-written signature to release the transcript.*
All fines and fees must be paid in order for an official signed and sealed transcript to be released.

Student Name: _____ Date of Birth: _____ Phone: _____

Other name used at school (if applicable): _____

____ Graduate ____ Non-Graduate ____ Current Student Grad Year: _____

____ I will pick up transcript(s) in person. (Please allow 48 hours).

Number of unofficial transcripts requesting: _____

Number of official signed and sealed transcripts requesting: _____

This request is authorizing Crossroads High School to:

Fax unofficial transcripts to: _____

Email unofficial transcript to: _____

Mail transcript to: _____

Student's Signature: _____
(A parent may only sign if the student is under 18 years old)

Date: _____

Return completed form by mail, fax, email or hand-delivered to:

Crossroads High School Registrar
205 N Alder Ave
Granite Falls, WA 98252
Hours: 8:30am – 4:00pm

Email: LHanson@gfalls.wednet.edu
Phone: 360.283.4012
Fax: 360.283.4307

OFFICE USE ONLY

Transcript was mailed, faxed, emailed or given to student on: _____