## **WEST BONNER COUNTY SCHOOL DISTRICT #83**

Administration Office • 134 Main Street, Priest River, ID 83856 Phone: 208-448-4439 Fax: 208-448-4629

www.sd83.org

TR	ANSCRIPT REQUEST FO	RM
Current Name of Student	Date of Birth	SS #
Student Name When Attended	School:	
<b>Student Current Address and P</b>	Phone Number:	
Date of Graduation or Last Dat	te Attended:	
School Last Attended:		
	Information to be sent to:	
	School Name/Entity	
Mail	ing Address City, State, Zip	Code
	&	
Telephone Number		Fax Number
Please check the box for the typ  □ Transcript □ Other:	•	
Please indicate the type and nur □ Sealed Official Transcript □ Copies of Transcript		
Signature of person requesting records		Date

Send this signed form to:
Attn: Records WBCSD # 83
134 Main Street Priest River, Idaho 83856
Phone (208)448-4439 Fax (208)448-4629

YOUR REQUEST WILL BE PROCESSED IN 10 BUSINESS DAYS FROM RECEIPT