



# ST. JOHN-ENDICOTT COOPERATIVE SCHOOLS

*St. John School*  
301 W. Nob Hill  
St. John, WA 99171  
(509) 648-3336  
Fax: (509) 648-3451

*Endicott School*  
308 School Drive  
Endicott, WA 99125  
(509) 657-3523  
Fax: (509) 657-3521

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## Transcript Request

Student Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

St. John – Endicott High School Counselor,

I am writing a request to have my OFFICIAL or UNOFFICIAL (please circle one) transcript sent to the following:

Name of Institution or Self-Request:

\_\_\_\_\_

At the address of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year of graduation from St John – Endicott High School: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Today's Date: \_\_\_\_\_