

EHS Transcript Request

Please allow 4 days process time

Date of Request: _____ Date Needed: _____ Currently Enrolled: ____ Grade: _____

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

Phone Number: _____ Date of Birth: _____

Graduation Year: _____ OR Date of Withdrawal: _____

Type of Transcript Needed: Official (sealed): Unofficial (unsealed):

Please select one:

Return Transcript to Student: Yes No

Submit Electronically to (email/fax):

Mail to (please plainly print the complete mailing address below):

Purpose:

College Application	Employment	Transfer	Culminating Project
Dollars for Scholars	ID Purposes	Personal	Scholarships

FOR OFFICE USE ONLY

Date transcript sent: _____ By: _____ Recorded: _____

Hold: _____ Item/Amt: _____ Date Paid: _____