



TRANSCRIPT REQUEST FORM

(Note: Please allow 2 business days for processing)

In order to facilitate a prompt and accurate response to your request, please complete the following:

Date of Request: _____ Date Needed by: _____

Student's Full Name (when enrolled at EGHS): _____

Current Address: _____

Daytime Phone number: _____ Date of Birth: _____

Email Address: _____

Year of Graduation OR Dates of Attendance: _____

Recipient's Name (College, Business, Employer, etc.): _____

Send via (check one):

☐ Email Address: _____

☐ Mailing Address: _____

*Signature of Student: _____

Forward this document to Nan Shea, EGHS, 300 Avenger Drive, East Greenwich, RI 02818
or fax to (401) 886-9657 or email to nshea@egsd.net

OFFICE USE ONLY:

Request sent by: _____ Date: _____

Note: If you choose to pick up the records but did not include contact information (phone number, address, e-mail address, etc.), please contact Mrs. Nan Shea, 401-398-1204 or nshea@egsd.net in order to establish an appointment time.