



# Elkhart Lake-Glenbeulah School District

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*Our Mission is to Challenge, Inspire, and Empower in a Caring, Innovative Learning Environment*

## **TRANSCRIPT REQUEST**

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

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

Name while attending ELGHS: \_\_\_\_\_

Student Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Graduating Class of: \_\_\_\_\_ Telephone # where you can be reached:  
\_\_\_\_\_

Send \_\_\_\_\_ copies of my transcript to:

Recipient of Transcript (College/University/Technical College, Employer, etc.):

Name of Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Include ACT Scores on file: \_\_\_Yes \_\_\_No

I hereby consent to have my transcript(s) released to the addresses above:

**Signature:** \_\_\_\_\_

(Please return Transcript Request form to the High School office via in person, fax, or email (*hsoffice@goresorters.com*). Thank you.)

### FOR OFFICE USE ONLY

Transcript was mailed on: \_\_\_\_\_

Transcript was issued to student on: \_\_\_\_\_

ELGHS employee issuing transcript: \_\_\_\_\_