ELMA HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Please plan on a minimum of 24 hours for processing your requests. I.D. is required.

Today's Date: _____ Birth Date: _____

Current Name:_____

Address: _____ City: _____

State: _____ Zip:_____ Phone #: _____

NAME WHILE ATTENDING EHS:_____
CLASS OF: _____
GRADUATED: YES_____NO_____
IF "NO" - LAST DATE(S) ATTENDED:_____

NUMBER OF TRANSCRIPT(S) REQUESTED:_____
NUMBER OF TRANSCRIPT(S) OFFICIALLY SEALED IN A PLAIN ENVELOPE:_____
CHECK ONE: _____ I WILL PICK UP MY TRANSCRIPT(S) FROM THE EHS OFFICE.
_____ I WANT MY TRANSCRIPT(S) MAILED TO:

1._____
_____
_____
_____

2._____
_____
_____
_____

SIGNATURE:_____

PLEASE INCLUDE A COPY OF YOUR IDENTIFICATION OR SHOW YOUR IDENTIFICATION WHEN PICKING UP TRANSCRIPTS. YOU CAN FAX THIS FORM & YOUR INFORMATION TO 360.482.1900 OR YOU MAY EMAIL THIS INFORMATION TO THE REGISTRAR AT atuttle-knight@eagles.edu.

Only Elma High School students or prior students of Elma High School, or their parents who are noted on the transcript may receive a copy of their transcript. Employment Verification Firms must make their request in writing and include the Student's permission and I.D.