

**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.