EAST CLINTON HIGH SCHOOL
TRANSCRIPT REQUEST FORM

This form must be completed in full before any transcripts can be sent. I understand that I must allow at least two weeks for processing and mailing.

You may mail, email, or fax the form to the school or drop it by the office.

East Clinton High School
174 Larrick Road
Sabina, OH 45169

Fax # 937-584-2817
Email: lori.bean@eastclinton.org

_____

Last Name (Maiden Name) **First Name** **Middle Initial**

_____

Street Address **City** **State** **Zip Code**

_____ _____ _____

Birth Dates **Attended ECHS** **Graduation Year**

_____ _____

Signature of Parent (Unless 18) **Phone**

Today's Date	College or Company (Name, email and/or address)

I waive_____do not waive_____my right to see the counselor's recommendation.
(Many colleges will not consider the recommendation unless it is confidential)

_____ _____

Student Signature **Date**