

Viewed by the guidance counselor _____

ECA Transcript Request

Date of request _____ Time of request _____ Number of copies requested _____

Name _____ Graduating Class of 20 _____ Date of Birth _____

Name of the person requesting the transcript _____

How was the request made? (Circle one)

Letter Phone In person Email

Name and address of the place the transcript is being sent (if being mailed):

Please list the items (if any) that need to be

Application deadline (only if applicable) _____

-----Office use only-----

Transcript released to:

_____ Date _____ Time _____ Signature _____

Transcript sent: _____

Original to student folder _____

Rev. 9/10/13

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