Eastmont High School
955 3rd St NE ~ East Wenatchee WA 98802

Transcript Request Form

Email to: *ehsrecordsrequest@eastmont206.org* ***or Fax to: (509) 888-1297*** *or* ***Mail to EHS***

PERSONAL INFORMATION

Full Name: _____ Today's Date: _____
Last *First* *M.I.*

Maiden Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: ( ) _____ E-mail Address: _____

Birthdate: _____

TRANSCRIPT REQUEST INFORMATION

YES ☐	NO ☐	Official Transcript (Sealed Envelope)	Qty
YES ☐	NO ☐	Unofficial Transcript – Personal Copy	Qty

Did you graduate? YES ☐ NO ☐ Graduation year or last year attended: _____

SEND TRANSCRIPT TO:

☐ ***MAIL*** ☐ ***FAX to:*** ( ) _____
Full Name: _____ Phone: ( ) _____

Institution: _____ Phone: ( ) _____

Address: _____

_____
City *State* *Zip*

☐ ***MAIL*** ☐ **FAX to:** ( ) _____
Full Name: _____ Phone: ( ) _____

Institution: _____ Phone: ( ) _____

Address: _____

_____
City *State* *Zip*

DISCLAIMER AND SIGNATURE

I authorize the release of my official High School transcript to the people and/or institutions mentioned above.

Signature: _____ Date: _____