Office Use Only
Date Sent_____

Eastland High School Transcript Release and Request Form

Instructions to Applicant

1. Complete the information requested below.
2. Submit to Guidance Office or Main Office at least one week before needed.
3. Print all information.

Name_____
Last First Middle

Date of Birth_____

I request that transcripts and ACT scores be sent to

Name and Address: _____

_____

_____

_____

_____

*If you want copies of your transcript, but do not want the office to send the transcript, please note that on the "send to" section of this form. If ACT scores are also being requested, please indicate the number of ACT scores being requested. **

_____ Copies of Transcript _____Copies of ACT scores

Do you need them in a sealed envelope? YES NO

Information Release Authorization

I understand that it is my responsibility to request any and all transcripts. My signature below authorizes release of my transcripts and test scores.

_____ _____
Student Signature Date

_____ _____
Parent Signature (if student is under 18) Date

*Some colleges require that transcripts be sent in a sealed school envelope.