

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

I request that transcripts and SAT/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.

_____ Copies of Transcript _____ Copies of ACT/SAT scores

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.