

# ELMIRA HIGH SCHOOL

24936 Fir Grove Lane

Elmira, OR 97437

541-935-8200 Phone/541-935-8205 Fax

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## Transcript Request Form

UNOFFICIAL

OFFICIAL

(Signed, sealed & sent directly to institution)

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

(Name used while attending school)

Did you graduate? Yes  No  Year of Graduation: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Guardian or Student (18 or over)*

*Please send a copy of my high school transcript to my address above or business/educational institution address below:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_