

Transcript Request Form

Eastside High School

Date: _____ Student #: _____

Student Name: _____

First Period Teacher: _____

Check One:

- Send to College
- Student Pick-up
- For Scholarship

Check One:

- Official Copy
- Unofficial Copy

College / Scholarship Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Application Deadline: *(check one)*

- Early Decision / Date: _____
- Early Action / Date: _____

- Counselor / School recommendation form attached

- Rolling Admissions
- Regular Admissions

All transcripts for college applications must be mailed / electronically sent (Faster) direct from Eastside High School. Cost per transcript: \$5.00 – Mail / \$2.00 – Pick-up, Scholarship & Unofficial / Free – Electronic Transcript

Student Signature: _____

Official Use Only

Amount Paid: _____ Date: _____ Received By: _____

Counselor's Signature: _____

Date Transcript Mailed / Sent Electronically: _____