

Date Received \_\_\_\_\_

Date Sent \_\_\_\_\_

Faxed/Mailed \_\_\_\_\_



# East Liverpool High School

## Transcript Request Form for East Liverpool Graduates

- Please allow 3-5 business days for processing
- A transcript is deemed "official" only when it is signed, sealed, and sent directly to a college/university or place of employment

Name (First, Last, Maiden) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

*or* Withdrawal Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Sent Transcript to this Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By submitting this completed form, I authorize East Liverpool High School to forward a transcript to the address listed above. The Family Educational Rights & Privacy Act of 1974 states that in order to release school records, a signature must be provided.

\_\_\_\_\_

Signature—Required

**East Liverpool High School**  
**Guidance Office**  
100 Maine Boulevard  
East Liverpool, Ohio 43920  
Phone : 330-386-8750  
Fax : 330-386-8753