

El Campo High School
Registrar's Office
600 W. Norris
El Campo, TX 77437

979-543-2871
979-543-6575 fax

REQUEST FOR OFFICIAL TRANSCRIPT

Student First Name M.I. Last Maiden

DOB SS# Present Grade Date of Graduation

____ Please mail

____ Will Pick Up

Mail to Address Below:

Purpose of Request

____ Scholarship

____ Admission

____ Other

Information Needed:

____ GPA

____ Class Rank

____ Complete Transcript

****I am aware that standardized test scores will be included in my transcript. _____ Please initial***

I CERTIFY THAT:

____ I am eighteen years of age or more

____ I am the parent or guardian of the above student

Signature of Student (if 18) _____

Signature of Parent/Guardian _____

Copies – ECHS Students 1st two are free and each additional is \$1.00
Ex-Students – All Copies \$1.00 each