

EAST LINN CHRISTIAN
TRANSCRIPT REQUEST FORM



To request a transcript, please submit all necessary information by:

1. Filling out the information requested below **IN FULL**.
2. Mail, fax or drop off your request to: **East Linn Christian Academy**

36883 Victory Drive, Lebanon OR 97355 or fax (541) 451-3800

Student/Alumni Contact Information

Student/Alumni Name: _____ **Date:** _____

Maiden Name (if applicable) _____ **Year of Graduation:** _____ **Phone:** _____

Fill out information completely

Type of Transcript:

____ **Official:** This has the official school seal and signature and comes in a sealed envelope which must remain sealed. If you open it, it becomes unofficial.

____ **Unofficial:** This is simply a record of courses taken at (or transferred into) East Linn, along with the grades and credits earned. It has the same information as official, but does not carry the seal or signature which makes it official.

Date needed by:

If you want a transcript sent after a certain grading period, or after a certain date, please write that date below. **A 24 hour notice required.**

____ Send right away

____ Hold this request and send on:

Destination: choose one option below.

- I will pick up in the HS office
- Upload it to: _____
- Send to the following addresses:

School/Business Name:

Attention: _____
Street address: _____
City, State, Zip: _____

School/Business Name:

Attention: _____
Street address: _____
City, State, Zip: _____

Please list additional locations on the back

FOR OFFICE USE ONLY:

Date Requested: _____

Date Sent: _____

Sent By: _____

Student Signature: _____

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