

EHS TRANSCRIPT RELEASE FORM

**** Transcripts will be issued and released only with written authorization of the student. ****

Today's date _____ Date of birth _____

Name _____
Last
First
Middle
Name used while attending EHS

Address _____
Address
City
State
ZIP code

Home phone (____) _____ Work (____) _____ Cell (____) _____

Did you graduate from EHS? Yes No

IF YES, year of graduation: _____ **IF NO**, last known date of attendance: _____

NOTE: You must complete the full mailing address (or fax number) and print legibly. <u>You are responsible for providing the correct address or fax number.</u>	
Please send my EHS transcript to:	Please send my EHS transcript to:
_____ <i>Name of institution or person to receive transcript</i>	_____ <i>Name of institution or person to receive transcript</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>City</i>	_____ <i>City</i>
_____ <i>State</i>	_____ <i>State</i>
_____ <i>ZIP</i>	_____ <i>ZIP</i>
OR Fax # (____) _____	OR Fax # (____) _____

By signing below, I hereby authorize Eudora High School to release my transcript.

Student signature (required) _____ *Date*

Requests for transcripts should be sent to EHS Registrar, by mail, fax or e-mail. When the school office is open, transcripts will be issued within one week.

Mail: Eudora High School, P.O. Box 712, Eudora, KS 66025-0712

Fax: 785-542-4990

E-mail: A signed and clearly scanned copy of this form may be sent to theresaabel@eudoraschools.org.