

# EAST FAIRMONT HIGH SCHOOL

1993 Airport Road ☼ Fairmont WV 26554

304-367-2140

## TRANSCRIPT REQUEST FORM

(Non-Graduates)

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_

How many transcripts requested: \_\_\_\_\_ Student Copy \_\_\_\_\_ Official Copy

Transcript is to go: \_\_\_\_\_ Directly to Student \_\_\_\_\_ Mail to School/Scholarship

Name(s) of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will not hold EAST FAIRMONT HIGH SCHOOL responsible for any misuse or confidentiality of the records upon releasing the information to the above institution/company/etc. In order for a transcript to be official, it must be sealed and mailed directly to the party making the request or institution listed above.

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Fees for Transcripts as follows:**

<b>Current Student</b>	<b>\$1.00</b>
<b>Senior Final (first Free)</b>	<b>\$2.00</b>
<b>Graduates/Others</b>	<b>\$3.00</b>

**Date Requested** \_\_\_\_\_

**Date Mailed** \_\_\_\_\_

**Date picked up** \_\_\_\_\_