

EASTERN HIGH SCHOOL

38900 SR 7, REEDSVILLE, OH 45772 PHONE (740)985-3329 FAX (740)985-3778 PRINCIPAL
SHAWN BUSH
GUIDANCE COUNSELOR
SHERYL ROUSH
ATHLETIC DIRECTOR
JOSH FOGLE

HOME OF THE EAGLES!

TRANSCRIPT REQUEST FORM

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NAME:	
MAIDEN NAM	<u>E:</u>
GRADUATION	N YEAR:
DATE OF BIR	<u>rh:</u>
ADDRESS:	
PHONE NUME	BER:
EMAIL ADDRI	ESS:
	eby granted for the release of a high school transcript of graded or faxed to the following address:
ATTENTION:	
ADDRESS:	
PHONE/FAX:	
<u>COMMENTS O</u>	R SPECIAL INSTRUCTIONS:
SIGNATURE:	

Superintendent's Office (740) 667-6079 (740)667-3978 fax

3329 or email sroush@easternlocal.net.

Any questions, please contact Sheryl Roush, Guidance Counselor @ (740)-985-