



All it takes  
is  
All you got!

### TRANSCRIPT REQUEST EAGLE POINT HIGH SCHOOL

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

Student Name: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

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

PLEASE SEND AN OFFICIAL TRANSCRIPT TO:

1) Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

3) Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

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

Will pick up: \_\_\_\_\_

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

Return this form to:

Jenny Baldwin, Registrar Eagle Point High School

PO Box 198 Eagle Point, Or 97524

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