

T
r
a
n
s
c
r
i
p
t

Official Transcript Request Form

___ Apply **Texas** (3 business day turnaround - **No Envelope/postage needed**)

___ Common **Application** (7 business day turnaround - **No Envelope/postage needed**)

** ___ Other (15 business day turnaround - **See Envelope/Postage Requirements Below**)**

Name _____ Date _____
Last First

Date of Birth _____ Student ID: _____

Fill In One: Grade _____ Withdrawn (YR) _____ Graduated (YR) _____

(Current Students) - Counselor Name: _____

.....
You are responsible for sending **OFFICIAL** SAT/AP/ACT test scores to colleges. This is done by contacting either College Board or the ACT Program.

****Envelope/Postage requirements:** 9x12 envelope, addressed to recipient, EHS return address (Elkins High School, 7007 Knights Court, Missouri City, TX 77459), and a minimum of 3 stamps.**

.....
Actual Postmark Deadline _____ **OR** Actual Received Deadline _____

Send to (List Schools): _____

.....
For Office Use Only:

Received by Registrar _____

Transcript e-mailed to Counselor _____

Completion Date: _____

Date Mailed: _____