

FOR OFFICE USE ONLY

Date Rec'd: _____

Date Mailed: _____

COUNSELOR: _____

**EASTERN REGIONAL HIGH SCHOOL
GUIDANCE SERVICES**

MID-YEAR TRANSCRIPT REQUEST

Student's Name _____

Student's ID # _____

Name of College _____

College Admissions Address _____

Parent or Adult Pupil (Age @18) Signature

Date

Due Date

Transcript Delivery System: Paper ___ On-Line ___ Common Application ___

FOR PAPER ONLY:

Please Check Off Items Included With This Packet:

_____ Two current cost postage stamps

_____ College addressed 4 1/8 x 9 1/2 envelope with EHS return address
(Business size envelope)

We DO NOT send standardized test scores.

NOTE: Any other organizations, agencies, and persons from outside the school will have to secure written authorization for the release of such transcripts. A photocopy of this authorization shall be considered as effective and as valid as the original.