



Office Use Only:  
Unpaid Accountabilities  
\_\_\_\_\_yes \_\_\_\_\_no

**ELHS REGISTRAR**  
**30 Chesterfield Rd.**  
**PO Box 210**  
**East Lyme, CT 06333**

East Lyme High School requires payment for transcript service at the time your request. Payment can be made by check or money order to East Lyme High School. The charge is \$2.00 per document. The request must be made by U.S. mail or in person to the above address.

**TRANSCRIPT REQUEST FORM**  
*Processed within 5 days of receipt*

Name: \_\_\_\_\_  
Last First Middle

Former Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Last attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

**SEND \_\_\_\_ TRANSCRIPTS TO THE FOLLOWING ADDRESS: (if more than one institution/company please include a form for each school)**

\_\_\_\_\_  
Institution or Company Name

\_\_\_\_\_  
Person and/or Department

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

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