



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: _____