



# EAST LINN CHRISTIAN TRANSCRIPT REQUEST FORM

To request a transcript, please submit the completed form via mail, at the school, or by email.

**East Linn Christian Schools**  
36883 Victory Drive, Lebanon, OR 97355  
elca@eastlinnchristian.org

## Student / Alumni Contact Information

Student/Alumni Name \_\_\_\_\_ Email \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ Graduation Year \_\_\_\_\_ Phone \_\_\_\_\_

Fill out the information **completely**

### Type of Transcript:

☐ **Official:** This has the official school seal and signature and comes in a sealed envelope, which must remain sealed. If you open it, it becomes unofficial.

☐ **Unofficial:** This is simply a record of courses taken at (or transferred into) East Linn, along with grades and credits earned. It has the same information as official, but does not carry the seal or signature, which would make it official.

### Date needed by:

If you want a transcript sent after a certain grading period or after a certain date, please write that date below. **24-hour notice required.**

☐ Send right away

☐ Hold this request and send on: \_\_\_\_\_

### Destination: Choose one option below.

☐ I will pick up at the High School office.

☐ Upload it to: \_\_\_\_\_

☐ Send to the following addresses:

### School/Business Name:

\_\_\_\_\_

Attention: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

### School/Business Name:

\_\_\_\_\_

Attention: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

*Please list additional locations on the back*

### For Office Use Only:

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

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

Sent By: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_