



Cole R-V Eugene High School District High School Transcript Request Form



Complete Information Below

Name of the person whose transcript is being requested:

(First Name)

(MI)

(Last Name)

(Maiden Name or Last Name at time of graduation)

Graduation Year: _____

Date of Birth: _____

Transcript Instructions: (Check and Complete)

- ☐ Please call me at _____ (phone #) when the transcript is ready for pickup.

**If anyone other than the person named on the transcript is going to pick up the transcript, their name must be listed in the box.

- ☐ Please mail a copy of my transcript to the address listed below:

Name/Business/Institution: _____

Street Address/P.O. Box #: _____

City / State / Zip: _____

C/O: _____

- ☐ Please Fax a copy of my transcript to: _____

- ☐ Please Email a copy of my transcript to: _____

Other Requests: _____

Signature of person Whose Transcript is Requested: _____

Date Requested: _____ Date Filled: _____ Filled By: _____