



EAST DAYTON CHRISTIAN SCHOOL TRANSCRIPT REQUEST FORM

(Please print all information)

Request From: Name: _____

Address: _____

Phone: _____

I, _____, give _____ permission to
(student name) (school providing transcript)

send or give ____ copies of my transcript to the name identified below.

Parent/Guardian Signature _____ Date _____

PICK UP in office _____

MAIL TO: (give complete address)

Need Official Transcript

Need Unofficial Transcript

When is it needed? _____

Please allow 5 days for processing your request.

Please process this request for:

_____ Final Grades

_____ PSEO

_____ Other: (please state) _____