



ELDORADO HIGH SCHOOL

Transcript Request Form

Date of Request: _____

Student Name: _____

Student Signature: _____

_____ Non Certified Copy

_____ Certified Copy (Certified Copies will be mailed)

Address, Fax or email to be sent to:

Year Graduated: _____

Date of Birth: _____

Social Security #: _____

Fax Request to 325-853-2695

****Office Use Only****

Date Transcript was sent: _____

Sent by: _____