

Date: _____



Eastlake High School
1120 Eastlake Parkway
Chula Vista, CA 91915

Request for Official Transcript

Student ID: _____

Name: _____
Last name First name Middle name

Birthdate: _____ Phone #: () _____

Last date at ELH: _____ Any other names used: _____

Transcript fee: \$2 each How many transcripts needed? _____
(No fee for current students)

Check here if you attended ELH Learning Center

Please send transcript(s) to: _____ or Will pick up: _____

1) (School/employer/home) _____
Address: _____
Street number Street City State Zip Code

2) (School/employer/home) _____
Address: _____
Street number Street City State Zip Code

3) (School/employer/home) _____
Address: _____
Street number Street City State Zip Code

Signature _____