

Transcript Request

*Date ____/____/____

Name of student requesting _____

College or individual where transcript is to be sent

College _____

Address _____

City, State _____

Zip _____

Phone () _____

Fax # () _____

****Your request will be sent within two weeks.***

Note: Eastwood sends current grades, ACT/SAT scores and school profile.

Please indicate any additional information which needs to be included.

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