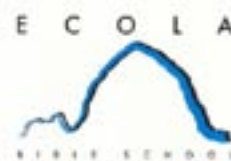


Transcript Request Form

Please complete all of the information below.
Incomplete forms will result in delays.

PO Box 190
 Cannon Beach, OR 97110
 Ph: (503) 436-2552
 Fax: (503) 436-9756
 www.ecola.org



Last Name	First Name	Middle Name	Former Name(s)	
Current Mailing Address		City	State	Zip
What year(s) did you attend Ecola	Contact Phone Number		E-mail Address	
Social Security Number		Date of Birth		

I authorize EBS to release my transcripts to the addresses indicated below.

Student Signature Required - *Unsigned requests will not be processed* Date

We can send or fax transcripts to up to four schools using this form. Official transcripts will only be sent to other institutions, all other transcripts will be unofficial.

Send Transcript To:

<input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Mail <input type="checkbox"/> Fax _____ Name _____ Address _____ City/State/Zip _____ Fax Number	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Mail <input type="checkbox"/> Fax _____ Name _____ Address _____ City/State/Zip _____ Fax Number
<input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Mail <input type="checkbox"/> Fax _____ Name _____ Address _____ City/State/Zip _____ Fax Number	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Mail <input type="checkbox"/> Fax _____ Name _____ Address _____ City/State/Zip _____ Fax Number