



### TRANSCRIPT REQUEST FORM

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Name of Recipient)

\_\_\_\_\_ Email \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Country/Zip Code)

Graduation Date/Dates of Attendance \_\_\_\_\_

Send transcript(s) to:

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_ Email \_\_\_\_\_  
(Attention)

\_\_\_\_\_ Fax \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip Code)

Transcripts should be sent:

- Immediately
- Hold for current semester grades

**NOTE: Transcripts may be withheld if overdue obligations to ELHS have not been satisfied.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return requests to:**  
Evergreen Lutheran High School  
Attention: Registrar  
7306 Waller Road E  
Tacoma, WA 98443