

REQUEST FOR HIGH SCHOOL TRANSCRIPTS

(SUBMIT THIS FORM TO THE HIGH SCHOOL YOU ATTENDED LAST)

Please Send an Official Transcript To: Office of the Registrar, Eastern Idaho Technical College, 1600 S.25th E., Idaho Falls, Idaho 83404-5788, Web site: www.eitc.edu, Toll Free: 1-800-662-0261, Fax: 1-208-525-7026

SECTION I: Education Information

Name of High School: _____

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Name used during enrollment: _____
(Last) (First) (Middle)

Could your records be under *any other* names? _____
(Please list)

Last year of attendance: _____ Did you graduate? Yes ___ No ___ What Year: _____

SECTION II: Sender Information

Current Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

SECTION III: Certification Statement

I certify that I am _____ the person named in Section II of this document and I hereby authorize the release of the transcript information indicated in Section I, to the Student Services Office, at Eastern Idaho Technical College. I the undersigned, understand that the knowledge and willful request for acquisition of a record pertaining to any individual under false pretense is a Criminal Offense under the Privacy Act of 1974 (5U.S. 552a) and could result in a \$5,000 fine to *any* individual found guilty of this offense.

(Student's Printed Name) (Student's Signature)

(Date of Request)

Date Received: _____ Date Sent: _____ Sender's Signature: _____