

Name: _____

Address: _____

Birth Date: _____

I am (complete one):

- Currently enrolled in Eagle Christian College
- Not enrolled; last enrollment _____ Qtr./Yr

Send Transcript (s):

- NOW
- OR
- HOLD for (complete one)
 - _____ qtr/yr's grades.
 - Corrected grade of _____
in course name/no. _____
in _____ qtr/yr.



Transcript Request Form
 Eagle Christian College
 Office of the Registrar
 1550 Richland Road
 Marion, Ohio 43302

The transcript fee (subject to change) is \$5 per copy and MUST accompany this request. Special handling and mailing options available at additional cost. Indicate special instructions in space provided.

The student MUST sign, date and complete the student address segment in order to have this request honored.

I authorize issuance of my transcript at all parties indicated on this page:

Signature _____ Date _____

Send _____ (quantity) to:	Office use only 02/04/09 Total Quantity _____ Clerk initials _____ Dollar Amount _____ Payment method _____
Indicate special processing instructions here:	