



Transcript Request Form

East Hollywood High School
2185 South 3600 West
West Valley City, UT 84119
Phone: 801-886-8181 Fax: 801-972-9585

1. If you live in the Salt Lake area, you may come to the East Hollywood Registrar's office to request a transcript. **You must bring a photo I.D., this form completed. Transcripts will be released to the former student ONLY due to FERPA laws.** During the summer months, please call ahead to ensure someone will be here for you. Registrar's hours: 7:45 a.m. – 3:45 p.m. Summer hours are 8:00 a.m. – 3:00 p.m.
2. If you live outside the Salt Lake area, or would like to request a transcript by mail, complete this form and mail to East Hollywood High School, Attn: Registrar.
3. Any fines left owing at the time you left East Hollywood will need to be cleared before a transcript can be released. If you have any questions about this you can contact Renae at rmedina@ehhs.us.
4. If you need a transcript faxed, please include the fax number on this form.

Last Name: (As it appeared during attendance)	First Name:	Middle Name/Initial:
Date of Birth:	Phone Number:	Graduation year or year of last attendance:
Email address:		

Purpose of Transcript: Admission to college/university Scholarship Application Personal

Send to (please mark):

- | | |
|---|---|
| <input type="checkbox"/> Brigham Young University (Utah, Idaho, Hawaii) | <input type="checkbox"/> University of Utah |
| <input type="checkbox"/> Dixie State College | <input type="checkbox"/> LDS Business College |
| <input type="checkbox"/> Salt Lake Community College | <input type="checkbox"/> Stevens-Henager College |
| <input type="checkbox"/> Weber State University | <input type="checkbox"/> Westminster College |
| <input type="checkbox"/> Utah Valley University | <input type="checkbox"/> Southern Utah University |
| <input type="checkbox"/> Other: | |

It is **NOT** necessary to list addresses for the Utah colleges/Universities listed above.

1. College/University _____
 Person or Department _____
 Address _____
 City _____ State _____ Zip _____

2. College/University _____
 Person or Department _____
 Address _____
 City _____ State _____ Zip _____

- Will pick up in person (official transcript in sealed envelope)
- Please mail by deadline of: _____

I hereby give my permission to release a copy of the Educational Record to the above school(s) or party.

Signature: _____ Date: _____

Office Use Only: Date Received: _____ Date Sent: _____
