

# ECG TRANSCRIPT REQUEST FORM

Student's Printed Legal Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

Student's LCS email address: \_\_\_\_\_

Date Counselor Received Form: \_\_\_\_\_

Please allow at least two weeks (working days) for processing—holiday breaks and inclement weather are not considered as working days. No transcript will be mailed on the day it is received.

Transcript requests will be processed electronically through Parchment. Students will need to create a profile in order to submit their transcript request. Please see your school counselor or Mrs. Long, Registrar, for instructions.

***I hereby give E.C. Glass High School permission to send an official transcript of the above named student to the following:***

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* Transcript request forms must be filled in completely; incomplete forms will be returned to the student.

College/Scholarship No abbreviations	Complete Mailing Address Please include zip codes	Due Date	Add: C = Common S = SendEdu Co = Coalition	Mailing Date Counselor use only	Letter of Recommendations (list teachers)

It is the student's responsibility to hand this form directly to their school counselor.