

RECORDS REQUEST



eoctech.edu

Please carefully read and complete each section below:

PLEASE CHECK ONE: Official Transcript: _____ (number of copies)

Unofficial Transcript: _____ (number of copies)

Official Transcripts: Those bearing the school seal - must be mailed to the student / school / agency requested.

Unofficial Transcripts: Those which do not bear the school seal - may be emailed as a pdf.

STUDENT INFORMATION (complete this section for all requests)

Today's Date:

Last Name:

First Name:

MI:

SSN (last 5 digits):

Date of Birth:

 / /

Mailing Address:

City, State, Zip:

Current Phone:

Email Address:

Other names used while attending EOC:

Dates Attended: From

 / /

To

 / /

Programs Attended:

METHOD OF DELIVERY (choose one)

Student to pick up at EOC

Regular mail to student - use address above

Another to pick up at EOC:

Regular mail to school or agency:

Name: _____

Name: _____

Relationship to Student: _____

Attn: _____

Email PDF to (list email address):

Address: _____

City, St. Zip: _____

- Photo ID required for all requests
- Please allow five (5) business days for processing
- All requests are unable to be delivered by fax due to security paper safeguards

Student Signature

Date

Parent Signature (if secondary student)

Date

FOR OFFICE USE ONLY

Request received by: _____ Date completed: _____

Picked up Mailed Faxed Emailed