



East Liverpool Christian School
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TRANSCRIPT REQUEST FORM

Mail this form AND a copy of your driver's license and \$3.00* per transcript to the office at: 46682 Florence Street, East Liverpool, Ohio 43920.

Note: Student with blocks on their account will not receive a transcript until all blocks are cleared.

Name: _____

Former Name: _____

Date of Birth: _____ Graduation Year: _____

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Transcripts are mailed to the address you provide below:

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Signature: _____ Date: _____

**Transcript requests may take up to 3 business days for processing. There is a \$3.00 fee per transcript, a \$10.00 fee per faxed transcript, and a \$20.00 fee for every envelope expressed to a specific destination. Overnight requests that are processed before 12:00 pm EST will go out same day. Please make sure that a final grade has posted on the course(s) in question prior to requesting your transcript. You will be charged for additional transcripts.*