

Official Transcript Request

FOR THE STUDENT TO COMPLETE

Please complete the information below, and then give this form to your high school counselor to complete immediately.

Personal information				
Legal Name				
Last	First		Middle	
Current Mailing Address	City	County/Prov	rince State (or country)	Zip
Social Security Number	*See enclosed dis <mark>closure</mark> and consent statement.			
Name of High School				
Address of High School	City	County/Prov	rince State (or country)	Zip
FOR THE SCHOOL We appreciate your prompt assists Counselor information			pt. Thank you!	\bigcirc
Counselor Name				
Last	T V	First	Title	Y
Counselor Signature		L		Pate
Counselor or Official's E-mail addr			Phone	
Please FAX this completed form a	nd official high school t	ranscript to 541.962.3418	. Number of pages:	
Or mail to: OFFICE OF ADMISSIONS Eastern Oregon University One University Blvd. La Grande, OR 97850	y		FAX number of School:	

^{*}Social Security Number Disclosure and Consent Statement As an eligible educational institution, EOU must receive your correct social security number (SSN) to file certain returns with the IRS and to furnish a statement to you. The returns EOU must file contain information about qualified tuition and related expenses. Privacy Act Notice—Section 6109 of the Internal Revenue Code requires you to give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. For more information please refer to IRS code 6050S. You will be issued a student ID number for your academic record at Eastern.

Revised: 11/20/2018